


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # V08296 1. Entity Name ICORR PROPERTIES INC.	
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Principal Place of Business 2 NO TAMiami TR STE 210 SARASOTA, FL 34236 US	Mailing Address 2 NO TAMiami TRAIL STE 210 SARASOTA, FL 34236 US
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0314218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLF, RON H
C/O ICORR
2 N. TAMiami TRAIL, STE. 210
SARASOTA, FL 34236

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WOLF, NORTON 700 RICHMOND STREET, STE. 410 LONDON, ONTARIO, CAN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WOLF, RON 2N. TAMiami TR., STE. 210 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP YATES, NANCY L 2 NORTH TAMiami TRAIL, STE. #8 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP HALL, JOAN 700 RICHMOND STREET., STE. 410 LONDON, ONTARIO, n6a5c7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000315279
04/19/05-80029-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Wolf* 4-15-05 941-954-2300

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #