

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V40352

1. Entity Name  
ICOT CENTER, INC.



Principal Place of Business  
13925 58TH ST N  
CLEARWATER, FL 33760 US

Mailing Address  
13925 58TH ST N  
CLEARWATER, FL 33760 US

#150.00

FILED  
06 APR 21 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02092006 No Chg-P CR2E034 (11/05)

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4. FEI Number  
59-3126444

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LUECK, FREDERICK  
13925 58TH ST N  
CLEARWATER, FL 33760

DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
LUECK, FRED  
13925 58TH STREET NORTH  
CLEARWATER, FL 33760

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06

Date

727-524-4837

Daytime Phone #