## **2007 FOR PROFIT CORPORATION**

## Apr 02, 2007 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # V40352** ICOT CENTER, INC. Principal Place of Business Mailing Address 13925 58TH ST N 13925 58TH ST N CLEARWATER, FL 33760 CLEARWATER, FL 33760 UŞ 01192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3126444 Not Applicable \$8.75 Additional March of the state Fee Required 6. Name and Address of Current Registered Agent LUECK, FREDERICK DO NOT WRITE 13925 58TH ST N CLEARWATER, FL 33760 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS und under der die Wilde Der Bereiter der Stelle der der DPT TITLE oganya Barga da abba wa Mariji iliku abiyami (ana 1967). LUECK, FRED NAME STREET ADDRESS 13925 58TH STREET NORTH CITY-ST-ZIP CLEARWATER, FL 33760 U00000686[15 TITLE 04/09/07-80032-023 158.|75 STREET ADDRESS CITY-ST-ZIP za jarazi iyi in fasa izte TITLE ការប្រាស់ស្តី នៅការសង្គិតសំណាំ ស្រាស់ស្រាស់ស NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE WILE STREET ADDRESS a cháirte sa paláirtí tírth i inniúirí táir. CITY-ST-ZIP a ja a ja 1920 alika jili kanada alikabishi ka ku . TITLE State of the second residence NAME પશુક્ર પ્રોકારણી ભૂતો પ્રોફેટલ (સાર્ક્ષોના ફ્રેન્સ ફ્રોન્સ ફ્રોન્સ ફ્રોન્સ ફ્રોન્સ ફ્રોન્સ ફ્રોન્સ) છે. ઉછે STREET ADDRESS CITY-ST-ZIP el gyagika ja likakes elektroliki kwajanawa a sa

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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udgegleichte segerfeit ist gestraten bij verlagen im 1900.

727-524-4837

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