

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # V69358

1. Entity Name
INTERNATIONAL COMMUNICATIONS PRODUCTS, INC.



Principal Place of Business
4325 WOODLAND PARK DR
SUITE 101
WEST MELBOURNE, FL 32904 US

Mailing Address
4325 WOODLAND PARK DR
SUITE 101
WEST MELBOURNE, FL 32904 US



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3151424

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, HENRY S.
242 RIVER WALK DR
MELBOURNE BEACH, FL 32951

**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 re-instating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS
NAME CALDWELL, HENRY S.
STREET ADDRESS 242 RIVER WALK DR
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE D
NAME BURR, CHARLES
STREET ADDRESS 3806 HIELD RD NW
CITY-ST-ZIP PALM BAY, FL 32907

TITLE VP
NAME CALDWELL, PATRICIA
STREET ADDRESS 242 RIVER WALK DR
CITY-ST-ZIP MELBOURNE BCH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/24/05-60185-003 150.00

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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)(i), 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

Date

Daytime Phone #