

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002820

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** I.C.A.N., INC.

**Current Principal Place of Business:**

135 DILL ST  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 302  
MADISON, FL 32340

**New Mailing Address:**

**FEI Number:** 06-1688062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLOWERS, RETIS  
276 SE CR 255  
LEE, FL 32059 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: QUACKENBUSH, RICH  
Address: P.O. BOX 38  
City-St-Zip: LEE, FL 32059

Title: P  
Name: TOOKES, OCTAVIOUS  
Address: 708 SMITH  
City-St-Zip: MADISON, FL 32059

Title: D  
Name: GASTON, LINDA P  
Address: 135 NE DILL ST.  
City-St-Zip: MADISON, FL 32059

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD QUACKENBUSH

V

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date