2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000099867

1. Entity Name

ICON ASSET SERVICES, INC.



FILED Apr 07, 2004 08:00 AM Secretary of State

Principal Place of Business

95 FLORIDA BLVD MERRITT ISLAND, FL 32953 Mailing Address

95 FLORIDA BLVD

MERRITT ISLAND, FL 32953



03302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3684051 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOKE, DELIA M 95 FLORIDA BLVD MERRITT ISLAND, FL 32953

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		**************************************		IIN	I HIS SPACE	
	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	office or ri	egistered agent, or bo	oth, in the State of Florida. I am famil	ar with, and accept
SIGNATURE				e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 📙	\$5.00 May Be Added to Fees	U00000104969 04/07/04-80005-008	150.00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D COOKE, JOHN B 95 FLORIDA BLVD MERRITT ISLAND, FL 32953		• •		. .	
TITEE Name Street adoress City-St-Zip	P COOKE, DELIA M 95 FLORIDA BLVD MERRITT ISLAND, FL 32953	t nage				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
Title Name Street address City-S1-ZiP				IN '	THIS SPACE	
TIPLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					200 (1) 11 (1)	(a b th a 1 - f
12. Thereby 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 curplemental copyright and security that the information indicated on this report or curplemental copyright and security that I am an officer or director.						

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 received 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:

Ula The

4/4/04

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