


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000099867**

1. Entity Name  
**ICON ASSET SERVICES, INC.**



Principal Place of Business <b>95 FLORIDA BLVD          MERRITT ISLAND, FL 32953</b>	Mailing Address <b>95 FLORIDA BLVD          MERRITT ISLAND, FL 32953</b>
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02032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3684051</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

1100000422533  
 02/17/06-80022-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COOKE, JOHN B 95 FLORIDA BLVD MERRITT ISLAND, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COOKE, DELIA M 95 FLORIDA BLVD MERRITT ISLAND, FL 32953</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: John Cooke John Cooke Pres. Date: 2-3-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #