

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029631

Entity Name: ICL INVESTIGATIONS, INC.

FILED
Apr 16, 2004
Secretary of State

Current Principal Place of Business:

9951 ATLANTIC BLVD. STE 305
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9951 ATLANTIC BLVD. STE 305
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3436186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, RONALD W
4811 ATLANTIC BLVD. STE 4
JACKSONVILLE, FL 322072129 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEACHAM, CHARLES E
Address: 9951 ATLANTIC BLVD, STE 305
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: JENKINS, CELESTA
Address: 9951 ATLANTIC BLVD STE 305
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. MEACHAM

PRES

04/16/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date