


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # H74573
1. Entity Name
ICE RECREATION, INC.



Principal Place of Business Mailing Address
13940 ICOT BLVD 13940 ICOT BLVD
CLEARWATER, FL 33760 US CLEARWATER, FL 33760 US

DO NOT WRITE IN THIS SPACE



09012004 No Chg-P CR2E034 (10/03)

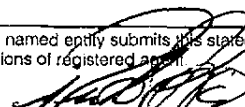
4. FEI Number Applied For
59-2667775 Not Applicable

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

6. Name and Address of Current Registered Agent
WASILEWSKI, RICHARD
1520 CHATEAUWOOD DRIVE
CLEARWATER, FL 33760

**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: 8/31/04

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WASILEWSKI, RICHARD 13940 ICOT BLVD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS WASILEWSKI, CAROL 13940 ICOT BLVD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WASILEWSKI, JEFFREY 13940 ICOT BLVD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCARTHY, NICOLE 13940 ICOT BLVD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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09/08/04-80010-005 150.00

**DO NOT WRITE
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)(f), 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:  DATE: 8/31/04 Daytime Phone #: 727-536-5843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #