


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003392	
1. Entity Name ICE BULLS, INC.	

Principal Place of Business P.O. BOX 773 OLDSMAR, FL 34677	Mailing Address P.O. BOX 773 OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-NP CR2E037 (10/03)

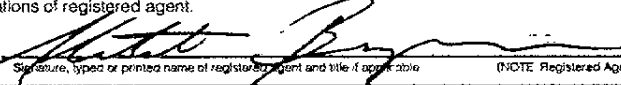
4. FEI Number 30-0079832	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRAUZER, MITCHELL L
11842 BRANCH MOORING
TAMPA, FL 33635

**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  **3-19-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U00000094294
03/22/04-80053-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VELAZQUES, JEREMY P 14646 ASTINA WAY ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BREWSTER, BOBBY V 8003 DAMONT CT. TEMPLE TERRACE, FL 33637
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICCOLO, THOMAS T 5931 27TH TERRACE NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(i), 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 617, 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** _____ **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR