

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90012 002 \*\*\*158.75



**DOCUMENT # P03000030349**  
 1. Entity Name  
**RYAN'S DOUBLE FLAVOR ICE CREAM, INC.**

Principal Place of Business  
**414 MARLBERRY LEAF AVE.  
 KISSIMMEE, FL 34758**

Mailing Address  
**414 MARLBERRY LEAF AVE.  
 KISSIMMEE, FL 34758**



2. Principal Place of Business  
**Shoppes at Pleasant Hill**  
 Suite, Apt. #, etc. **3283 S. John Young Pkwy. Suite B**

3. Mailing Address  
**Same as above**  
 Suite, Apt. #, etc.

City & State  
**Kissimmee, FL**

02132004 Chg-P CR2E034 (10/03)

4. FEI Number  
 X **03-0511229** Applied For  
 Not Applicable

City & State  
**Kissimmee, FL**

Zip Country  
**34746 OSCEOLA**

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

6. Name and Address of Current Registered Agent  
**DELA ROSA, RAUL T  
 414 MARLBERRY LEAF AVE.  
 KISSIMMEE, FL 34758**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 **Raul T. Dela Rosa** DATE **3/2/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **Raul T. Dela Rosa / RAUL T. DELA ROSA** DATE **3/2/04** (407) 931-1320  
Signature and typed or printed name of signing officer or director Date Daytime Phone #