

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90481 029 ***158.75

DOCUMENT # P03000066316



1. Entity Name
 ANGELICA'S WATER ICE INC.

Principal Place of Business: 4955 SHELDON STREET PHILADELPHIA, PA 19144 US
 Mailing Address: 4955 SHELDON STREET PHILADELPHIA, PA 19144 US

QU070414

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

04202005 Chg-P CR2E034 (10/03)



4. FEI Number: 74-3102830
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ENNIS, DARREN	
STREET ADDRESS	4955 SHELDON STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19144	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAZZELL, STERLING	
STREET ADDRESS	7412 THROURON AVE	
CITY-ST-ZIP	PHILADELPHIA, PA 19138	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, ANGELA	
STREET ADDRESS	239 NORTH 7TH STREET	
CITY-ST-ZIP	DARBY, PA 19023	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENNIS, CRYSTAL	
STREET ADDRESS	9455 SHELDON STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: Darren Ennis 4-29-05 215-713-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #