


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

| | |
|---------------------------------------|---|
| DOCUMENT # P00000046759 |  |
| 1. Entity Name SUNDODGER ICE, INC. | |

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|---|---|
| Principal Place of Business 1739 PAGE STREET CALLAHAN, FL 32011 | Mailing Address P.O. BOX 693 CALLAHAN, FL 32011 |
|---|---|



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3651751 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent SCHMIDT, PENNY W ESQ. 6015 CHESTER CIRCLE SUITE 210 JACKSONVILLE, FL 32217 | |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT STRATTON, HARRY 1739 PAGE STREET CALLAHAN, FL 32011 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STRATTON, MARY B 1739 PAGE ST CALLAHAN, FL 32011 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAUDILL, KAREN D 1739 PAGE ST CALLAHAN, FL 32011 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000290547
04/06/05-80071-013 150.00

**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 another like empowered.

SIGNATURE: Nancy O. Stratton HARRY O. STRATTON 4-05-2005 904-879-4839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #