


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P0000046759 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
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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"/>	<b>\$8.75</b> 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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
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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 Iks empowered.

SIGNATURE: *Mary B. Stratton* *Harry D. Stratton* 4-05-2005 904-879-4839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #