2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 133684

1. Entity Name
NEW WEST FLORIDA ICE COMPANY INC

Principal Place of Business	Mailing Address
1700 DOG KENNEL RD SARASOTA, FL 34240	1700 DOG KENNEL RD SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0375905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERLISE,P F
1740 OAK LAKES DR
SARASOTA, FL 34232

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 _____ DATE
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	PD
NAME	FERLISE, P.F.
STREET ADDRESS	1740 OAK LAKES DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	FELIX A. FERLISE
STREET ADDRESS	2029 MISTY SUNRISE TR
CITY-ST-ZIP	SARASOTA, FL
TITLE	T
NAME	LEVIO, ROSA LEE
STREET ADDRESS	3312 BURNING TREE DR
CITY-ST-ZIP	BIRMINHAM, AL
TITLE	S
NAME	FERLISE, ROSALIE
STREET ADDRESS	1740 OAK LAKES DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000114176
04/15/04-80039-002 150.00

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)(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: Felix Ferlise FELIX FERLISE 4-12-04 941 371-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #