


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 133684</b> 1. Entity Name NEW WEST FLORIDA ICE COMPANY INC	
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Principal Place of Business  
1700 DOG KENNEL RD  
SARASOTA, FL 34240

Mailing Address  
1700 DOG KENNEL RD  
SARASOTA, FL 34240



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0375905</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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	PD FERLISE, P.F. 1740 OAK LAKES DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELIX A. FERLISE 2029 MISTY SUNRISE TR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVIO, ROSA LEE 3312 BURNING TREE DR BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERLISE, ROSALIE 1740 OAK LAKES DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000293773  
04/08/05-80043-008 150.00

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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 all other like empowered.

SIGNATURE Felix Ferlise **FELIX FERLISE** 4-5-05 (941) 371-2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #