

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90059 038 ***150.00

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1. Entity Name
RICH ICE CREAM CO.



Principal Place of Business
2915 SOUTH DIXIE
WEST PALM BEACH, FL 33405

Mailing Address
2915 SOUTH DIXIE
WEST PALM BEACH, FL 33405



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0997153

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICH, JAMES R.
1645 PALM BCH LKS BLVD
STE 390
WEST PALM BEACH, FL 33401

**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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME RICH, WILLARD M JR
STREET ADDRESS 2915 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE SD
NAME RICH, JAMES R
STREET ADDRESS 2915 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE PD
NAME RICH, JOHN P
STREET ADDRESS 2915 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE VD
NAME RICH, DONALD A
STREET ADDRESS 2915 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE STD
NAME RICH, MARTHA R
STREET ADDRESS 2915 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE VP
NAME RICH, RANDALL
STREET ADDRESS 2915 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #