2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 538110

1. Entity Name
ICE COLD AUTO AIR OF DAYTONA, INCORPORATED

Principal Place of Business	Mailing Address
850 RIDGEWOOD AVENUE	850 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117 US	HOLLY HILL, FL 32117 US

DO NOT WRITE IN THIS SPACE

03142007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1739936	Not Applicable

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

6. Name and Address of Current Registered Agent

MASTERS, KEVIN M
850 RIDGEWOOD AVE
HOLLY HILL, FL 32117

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	**9.** Election Campaign Financing	**$5.00** May Be	U00000687678
After May 1, 2007 Fee will be $550.00	Trust Fund Contribution. ☐	Added to Fees	04/10/07-80048-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASTERS, KEVIN M
STREET ADDRESS	850 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: ☒ _Ken Maste_   ☒ 4. 3. 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #