

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 019 ***550.00

DOCUMENT # 834657

1. Entity Name
SWENSEN'S ICE CREAM COMPANY



Principal Place of Business
**4175 VETERANS HWY.
 RONKONKOMA, NY 11779**

Mailing Address
**4175 VETERANS HWY.
 RONKONKOMA, NY 11779**

J0000032



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

94-1724297

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **CD** Delete
 NAME: **SMITH, RICHARD**
 STREET ADDRESS: **4175 VETERANS HWY.**
 CITY-ST-ZIP: **RONKONKOMA, NY 11779**

TITLE: **PRESIDENT** Change Addition
 NAME: **DAVID STEIN**
 STREET ADDRESS: **4175 VETERANS HWY**
 CITY-ST-ZIP: **RONKONKOMA, NY 11779**

TITLE: **P** Delete
 NAME: **WELTY, JOHN R**
 STREET ADDRESS: **4175 VETERANS HWY.**
 CITY-ST-ZIP: **RONKONKOMA, NY 11779**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
7/29

TITLE: **VD** Delete
 NAME: **STEVENS, GARY P**
 STREET ADDRESS: **4175 VETERANS HWY.**
 CITY-ST-ZIP: **RONKONKOMA, NY 11779**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
marked 7/29

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
marked 7/29

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
marked 7/29

TITLE: Delete
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TITLE: Delete
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marked 7/29

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
marked 7/29

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:

[Handwritten Signature]

GARY P. STEVENS

Date

7/29/05

Daytime Phone #

61-737-9700