2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003431

1. Entity Name
AUTOMATIC ICE SYSTEMS INC.

Principal Place of Business	Mailing Address
12976 MAURER INDUSTRIAL DR ST. LOUIS, MO 63127	P.O. BOX 29196 ST. LOUIS, MO 63126

DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-1183785
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, STE 101
TALLAHASSEE, FL 32301-2960

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARPENTER, DONALD W
STREET ADDRESS	2431 SMIZER MILL EST. DR.
CITY-ST-ZIP	FENTON, MO 63026
TITLE	V
NAME	CARPENTER, DOUGLAS W
STREET ADDRESS	502 N. BOMPART
CITY-ST-ZIP	WEBSTER GROVES, MO 63119
TITLE	S
NAME	CARPENTER, JULIE
STREET ADDRESS	2431 SMIZER MILL EST. DR.
CITY-ST-ZIP	FENTON, MO 63026
TITLE	T
NAME	CARPENTER, CHARLES D
STREET ADDRESS	9589 DUNKIRK DR.
CITY-ST-ZIP	FT. MEYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/06-80022-015 150.00

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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: X _____ 2-6-2006 314-849-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #