

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15102

**FILED**  
**Mar 20, 2011**  
**Secretary of State**

**Entity Name:** COMMERCIAL ICE INDUSTRIES, INC.

**Current Principal Place of Business:**

6516 SAN JUAN AVE  
SUITE 15D  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6306  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 59-2093728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERSON, PHILLIP D  
8833 COUNTRY WOODS CT  
JACKSONVILLE, FL 32222 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PETERSON, BONNIE B  
Address: 8833 COUNTRY WOODS CT.  
City-St-Zip: JACKSONVILLE, FL 32222

Title: PD  
Name: PETERSON, PHILLP D  
Address: 8833 COUNTRY WOODS CT.  
City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP D PETERSON

PD

03/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date