

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90229 014 ***150.00

DOCUMENT # F93874 1. Entity Name ALPINE ICE, INC.					
Principal Place of Business 8710 E BROADWAY TAMPA, FL 33619 US			Mailing Address P.O. BOX 130068 TAMPA, FL 33681-0068 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2275627	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAWNEY, JOHN J 8710 EAST BROADWAY TAMPA, FL 33619			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			John J Tawney (NOTE: Registered Agent signature required when reinstating)		04/26/2005 DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	PSD ☐ Delete TAWNEY, JOHN J 2817 OLD BAYSHORE WAY TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8710 E Broadway Tampa, FL 33619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD ☐ Delete TAWNEY, JANE J 2817 OLD BAYSHORE WAY TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8710 E Broadway Tampa, FL 33619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Jane J Tawney/VP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			04/26/2005 Date		(813) 630-0418 Daytime Phone #