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SIGNATUREXU

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # F93874** 06-07-2006 90002 046 ***150.00 1. Entity Name ALPINE ICE, INC. Principal Place of Business Mailing Address 8710 E BROADWAY P.O. BOX 130068 TAMPA, FL 33619 TAMPA, FL 33681-0068 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04242006 Chg-P City & State City & State 4. FEI Number Applied For 59-2275627 Not Applicable Country -- ---\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAWNEY, JOHN J 8710 EAST BROADWAY Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33619 City 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. John J. Tawney April 24, 2006 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSD** Delete TITLE ☐ Change ☐ Addition TAWNEY, JOHN J NAME NAME 8710 E BROADWAY STREET ADDRESS STREET ADDRESS TAMPA, FL 33619 CITY-ST-ZIP CITY-ST-ZIP VPTD TITLE ☐ Delete ☐ Change ☐ Addition TAWNEY, JANE J NAME NAME STREET ADDRESS 8710 E. BROADWAY STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of the receiver-or tustee 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.

🚅 Jane J. Tawney / VP

SIGNING OFFICER OR DIRECTOR

4/24/2006

630-0418

FILED Jun 07, 2006 8:00 am

ATTACHMENT

40094855 #793874

May 4, 2006

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Dear Sir \ Madam:

We would appreciate it if you would accept our annual report with the \$ 150.00 fee, we were sent the report to send in, but the post office did not deliver it. The address was correct, but they returned it. by the time we got it back, it was after the due date. Enclosed please find a copy of the envelope that was returned.

Thank you for your consideration and time.

Sincerely,

Jane J. Tawney .
Vice President

Alpine Ice, Inc.

John J. Tawney President

Alpine Ice, Inc.