2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 19, 2008 8:00 am Secretary of State DOCUMENT # F93874 1. Entity Name 02-19-2008 90033 003 ***150.00 ALPINE ICE, INC. Principal Place of Business Mailing Address P.O. BOX 130068 TAMPA FL 33681-0068 8710 E BROADWAY **TAMPA FL 33619** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 004 N FRITITIOS Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 59-2275627 Not Applicable Country Country Zip \$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 Street Address (P.O. Box Number is Not Acceptable 8710 EAST BROADWAY **TAMPA FL 33619** 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 the obligations of registered agent. JOHN. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. president TITLE **PSD** TITLE Delete Addition John I Tawne NAME TAWNEY, JOHN J NAME 404 W FLOWINGE RC STREET ADDRESS STREET ADDRESS 8710 E BROADWAY CITY-ST-ZIP **TAMPA FL 33619** CiTY-ST-7IP PlANT City **VPTD** Vice President hange TIT! F Delete TITLE ☐ Addition TAWNEY, JANE J NAME NAME JANE E Tawns STREET ADDRESS 8710 E. BROADWAY STREET ADDRESS 60410 FLOWA CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-799 CITY-ST-7IP Change TITLE ☐ Daiete MAE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-78 ☐ Delete TITLE TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 repetiver 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 the part of the corporation or the repetiver 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 of the corporation or if changed, or on an ent with an address, with all other like empowered.

FILED

Daytime Phone #