

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000001892

1. Entity Name
GREENWOOD ICE CREAM COMPANY LTD, INC.



Principal Place of Business
**4829 PEACHTREE RD.
ATLANTA, GA 30341**

Mailing Address
**4829 PEACHTREE RD.
ATLANTA, GA 30341**

FILED
APR 07 2006 08:00 AM
Secretary of State



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1302929

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILLIAMS, RICHARD
16135 CARDEN DR
ODESSA, FL 33556**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLIAMS, MITCHELL
4090 MEADOW GATE DRIVE
ATLANTA, GA 30350**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STREET, ROBERT
4829 PEACHTREE RD
ATLANTA, GA 30341**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000490151
11/22/06-80001-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/06

770-455-6166