

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48569

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: WILSON ICE ENTERPRISES, INC.

## Current Principal Place of Business:

4446 OLD WINTER GARDEN RD  
STE 106  
ORLANDO, FL 32811 US

## New Principal Place of Business:

599 KISSIMMEE AVE  
BLDG. B  
OCOE, FL 34761 US

## Current Mailing Address:

4446 OLD WINTER GARDEN RD  
STE 106  
ORLANDO, FL 32811 US

## New Mailing Address:

599 KISSIMMEE AVE  
BLDG. B  
OCOE, FL 34761 US

FEI Number: 59-2519341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EVA, WILSON E PRES  
4446 OLD WINTER GARDEN RD STE 106  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

EVA, WILSON E PRES  
599 KISSIMMEE AVE  
BLDG. B  
OCOE, FL 34761 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILSON, EVA E.  
Address: 780 MAGENTA DR  
City-St-Zip: OCOE, FL 34761 US

Title: VC ( ) Delete  
Name: WILSON, MATTHEW  
Address: 780 MAGENTA DR  
City-St-Zip: OCOE, FL 34761 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EVA E. WILSON

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date