

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H62302

FILED
Apr 02, 2007
Secretary of State

Entity Name: GULF ICE SYSTEMS, INC.

Current Principal Place of Business:

7790 SEARS BLVD.
PENSACOLA, FL 325144542 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15151
PENSACOLA, FL 325140151 US

New Mailing Address:

FEI Number: 59-2551030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, PATRICIA M
7790 SEARS BLVD.
P O BOX 15151
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

HOWELL, PATRICIA M
7790 SEARS BLVD.
PENSACOLA, FL 32514 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:

04/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HOWELL, PATRICIA M.,
Address: 7790 SEARS BLVD.
City-St-Zip: PENSACOLA, FL

Title: VD () Delete
Name: MOODY, CHARLES D.,
Address: 7790 SEARS BLVD.
City-St-Zip: PENSACOLA, FL

Title: PD () Delete
Name: HOWELL, WILLIAM MARK,
Address: 7790 SEARS BLVD.
City-St-Zip: PENSACOLA, FL

Title: VD () Delete
Name: PEELER, TONYA
Address: 7790 SEARS BLVD
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: PATRICIA M. HOWELL

CEOD

04/02/2007

Electronic Signature of Signing Officer or Director

Date