

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H62302

FILED  
Jan 11, 2012  
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 (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HOWELL, PATRICIA M.  
Address: 7790 SEARS BLVD.  
City-St-Zip: PENSACOLA, FL 32514 US

Title: VD  
Name: MOODY, CHARLES D.  
Address: 7790 SEARS BLVD.  
City-St-Zip: PENSACOLA, FL 32514 US

Title: PD  
Name: HOWELL, WILLIAM MARK  
Address: 7790 SEARS BLVD.  
City-St-Zip: PENSACOLA, FL 32514 US

Title: VD  
Name: PEELER, TONYA H  
Address: 7790 SEARS BLVD  
City-St-Zip: PENSACOLA, FL 32514 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA M. HOWELL

CEOD

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date