
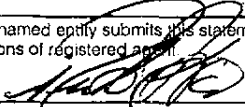



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # H74573 1. Entity Name ICE RECREATION, INC.			
Principal Place of Business 13940 ICOT BLVD CLEARWATER, FL 33760 US		Mailing Address 13940 ICOT BLVD CLEARWATER, FL 33760 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent WASILEWSKI, RICHARD 1520 CHATEAUWOOD DRIVE CLEARWATER, FL 33760		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:  DATE: 8/31/04 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PT WASILEWSKI, RICHARD 13940 ICOT BLVD CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VPS WASILEWSKI, CAROL 13940 ICOT BLVD CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP WASILEWSKI, JEFFREY 13940 ICOT BLVD CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP MCCARTHY, NICOLE 13940 ICOT BLVD CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		727-536-5843	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 8/31/04 Daytime Phone #	