


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # J04074 1. Entity Name THE ICE CREAM STATION, INC.	
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Principal Place of Business 308 COVE DRIVE SATSUMA, FL 32189 US	Mailing Address 308 COVE DRIVE SATSUMA, FL 32189 US
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DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2673836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NICHOLSON, CAROLYN
308 COVE DRIVE
SATSUMA, FL 32189

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, CAROLYN H. 308 COVE DR SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, JAMES D. 308 COVE DR SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, SANDRA HWY 17 SATSUMA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/04-80075-019 150.00

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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: Carolyn H. Nicholson **386649-4094**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #