


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # J04074 1. Entity Name THE ICE CREAM STATION, INC.		
Principal Place of Business 308 COVE DRIVE SATSUMA, FL 32189 US	Mailing Address 308 COVE DRIVE SATSUMA, FL 32189 US	



01062006 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000380823
01/11/06-80027-025 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Pres. Carolyn H. Nicholson 01-06-06 386-249-4094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #