

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2008 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



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2673836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME NICHOLSON, CAROLYN H.  
STREET ADDRESS 308 COVE DR  
CITY-ST-ZIP SATSUMA, FL 32189

TITLE D  
NAME NICHOLSON, JAMES D.  
STREET ADDRESS 308 COVE DR  
CITY-ST-ZIP SATSUMA, FL 32189

TITLE ST  
NAME JONES, SANDRA  
STREET ADDRESS HWY 17  
CITY-ST-ZIP SATSUMA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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* Carolyn H. Nicholson 2-13-08 386-49-4074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #