

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # J72731		
1. Entity Name SMITTY'S ICE CREAM, INC.		
Principal Place of Business C/O JOANN SMITH 602 CANAAN LANE WAUCHULA, FL 33873 US	Mailing Address C/O JOANN SMITH 602 CANAAN LANE WAUCHULA, FL 33873 US	 01142004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-2796553 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, JOANN 605 N. 7TH AVENUE WAUCHULA, FL 33873		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BRUCE 602 CANAAN LANE WAUCHULA, FL	<div style="margin-bottom: 20px;">000000137815 04/29/04-80055-012 150.00</div> DO NOT WRITE IN THIS SPACE
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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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/26/4 Daytime Phone #: 773-2668