

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # K35926

1. Entity Name

GLADES TRUCK ICE, INC.



Principal Place of Business

C/O KIRBY T. NORMAN
1501 SOUTH MAIN ST., POB 1840
BELLE GLADE FL 33430
US

Mailing Address

C/O KIRBY T. NORMAN
1501 SOUTH MAIN ST. P.O.B. 1840
BELLE GLADE FL 33430
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0080191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, KIRBY T.
201 N.E. 6TH STREET
BELLE GALDE FL 33430

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME NORMAN, KIRBY T.
STREET ADDRESS 201 NE 6TH ST
CITY-ST-ZIP BELLE GLADE FL

TITLE DV ☐ Delete
NAME CHAMBLEE, JAMES, JR.
STREET ADDRESS 1045 TABIT RD.
CITY-ST-ZIP BELLE GLADE FL

TITLE DS ☐ Delete
NAME NORMAN, DEBRA
STREET ADDRESS 201 NE 6TH ST
CITY-ST-ZIP BELLE GLADE FL

TITLE DT ☐ Delete
NAME CHAMBLEE, SANDRA
STREET ADDRESS 1045 TABIT RD.
CITY-ST-ZIP BELLE GLADE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000233579
CITY-ST-ZIP 02/17/05-80048-014 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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: *Debra L. Norman* Debra L. Norman

2/15/05

561-996-7710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #