

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90005 003 ***150.00

DOCUMENT # K37768	
1. Entity Name ICE COLD AIR, INC.	

Principal Place of Business 1196 COURT ST CLEARWATER, FL 33756 US	Mailing Address 1196 COURT ST CLEARWATER, FL 33756 US
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54005849



2. Principal Place of Business 28050 US Hwy 19 North Suite, Apt. #, etc. Suite 310 City & State Clearwater, FL Zip 33761 Country USA	3. Mailing Address 28050 US Hwy 19 North Suite, Apt. #, etc. Suite 310 City & State Clearwater, FL Zip 33761 Country USA
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01132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3025482	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICKSON, KATHY 1196 COURT ST CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name: Kathy Dickson Street Address (P.O. Box Number is Not Acceptable) 28050 US Hwy 19 North Suite 310 City: Clearwater FL Zip Code: 33761
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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: Elli RA EK DICKSON RA DATE: 1/14/04

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKSON, DAVID A 1196 COURT ST CLEARWATER, FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dickson, David A 28050 US Hwy 19 north, Ste 310 Clearwater, FL 33761 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AYERS, ALLYN 1196 COURT ST CLEARWATER, FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 1 28050 US Hwy 19 north, Ste 310 Clearwater, FL 33761 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MORRISON, RALPH 1196 COURT ST CLEARWATER, FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Morrison, Ralph 28050 US Hwy 19 north, Ste 310 Clearwater, FL 33761 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DICKSON, E. KATHRYN 1196 COURT ST CLEARWATER, FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Dickson, E. Kathryn 28050 US Hwy 19 north, Ste 310 Clearwater, FL 33761 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Elli RA EK DICKSON RA DATE: 1/14/04 (227)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 726-2577