


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90037 009 ***150.00

DOCUMENT # L21113		
1. Entity Name POLAR ICE MACHINES, INC.		
Principal Place of Business 162 SE LINCOLN CIR N ST. PETERSBURG FL 33703 US		Mailing Address PO BOX 55338 SAINT PETERSBURG FL 33732 US
2. Principal Place of Business, No P.O. Box # 195 69th Avenue N		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.



1st MOORE CR2E034 (10/07)

City & State ST PETERSBURG, FL		City & State		4. FEI Number 59-2973443	Applied For <input type="checkbox"/> Not Applicable
Zip 33702	Country PINELLAS	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TINDELL, JOHN C 1309 47TH AVE NE SAINT PETERSBURG FL 33703		7. Name and Address of New Registered Agent Name TINDELL, Constance M Street Address (P.O. Box Number is Not Acceptable) 195 69th Avenue North City ST PETERSBURG FL Zip Code 33702	
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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 Constance M Tindell Constance M Tindell VICE President 4-15-08
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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete P TINDELL, JOHN C 1309 47TH AVE NE ST. PETERSBURG FL 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT TINDELL, JOHN C 195 69th Avenue North ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT TINDELL, CONSTANCE M. 195 69th Avenue North ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Constance M Tindell Constance M Tindell 4-15-08 522-5386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE President Date Daytime Phone #