## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # L31189** 



FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90180 048 \*\*\*150.00

Zip Country Zip Country Sip Country S. Certificate of Status Desired Agent Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Agent Status Desired Status Desired Status Desired Status Desired Agent Status De				EAM COMPANY, INC.	SA ICE CREAM CO	MELISSA
Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  Poly & State  City & State  City & State  Country  Countr		1 188	2311 E. OCEAN BLVD. Suite a	EAN BLVD. 2311 E. OCEAN BLVD. SUITE A		2311 E. OCE SUITE A
City & State			Mailing Address	ess 3. Mailing	at Place of Business	2. Principal P
Zip Country Zip Country Sip Country S. Certificate of Status Desired Agent Status Desired Status Desired Status Desired Agent Status Desired Status Desired Agent Status Desired Status Desired Status Desired Agent Status Desired Status Desired Agent Status Desired Agent Status Desired Status Desired Agent Status Desired Status Desired Status Desired Agent Status Desired Status Desired Agent Status Desired Status Desired Status Desired Agent Status Desired Status Desired Agent Status Desired Agent Status Desired Status Desired Agent Status Desired Status Desired Agent Sta	Chg-P CR2E034 (10/03)	• 01272004 Ch	Suite, Apt. #, etc.	Suite, A	Suite, Apt. #, etc.	
Country Zip * Country	Applied For Not Applicable	l l	City & State	City & S	City & State	
DOLICA, ANGELO T.  2311 E OCEAN BLVD. STUART, FL 34996  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 a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and late if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	atus Desired S8.75 Additional	j s et	Zip * Country	Country Zip	Country	Zip
STUART, FL 34996  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 a the obligations of registered agent.  SIGNATURE  Signature. Sypnet or printed name of imgestered agent and sele if applicable. (NOTE: Registered Agent signature required when reinstating)  PLE  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Prints Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  PD  ODICA, ANGELO T.  STREET ADDRESS  CITY-SI-ZIP  STUART, FL  TITLE  PD  OARE  CARCCIA, PAUL R.  STREET ADDRESS  CITY-SI-ZIP  STUART, FL  TITLE  PD  OARE  CARCCIA, PAUL R.  STREET ADDRESS  CITY-SI-ZIP  STUART, FL  TITLE  PD  OARE  CARCCIA, PAUL R.  STREET ADDRESS  CITY-SI-ZIP  STUART, FL  TITLE  PD  OARE  CARCCIA, PAUL R.  STREET ADDRESS  CITY-SI-ZIP  STUART, FL  TITLE  PD  OARE  CARCCIA, PAUL R.  STREET ADDRESS  CITY-SI-ZIP  STUART, FL  TITLE  CARCCIA, PAUL R.  STREET ADDRESS  CITY-SI-ZIP  STUART, FL  TITLE  CARCCIA, PAUL R.  STREET ADDRESS  CITY-SI-ZIP  CITY-SI-ZIP  STUART, FL  TITLE  CARCCIA, PAUL R.  STREET ADDRESS  CITY-SI-ZIP  CITY-SI-Z	ress of New Registered Agent	7. Name and Addres	stered Agent	and Address of Current Registered A	6. Name and Addre	
STUART, FL 34996  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. 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 a the obligations of registered agent.  SIGNATURE  Signature. Nymed or printed rume of registered agent and take if applicable.  NATE  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  Delete  TITLE  NAME  DOLICA, ANGELO T.  STREET ADDRESS  CITY-S1-ZIP  TITLE  PD  Delete  TITLE  PD  Delete  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-S1-ZIP  STUART, FL  TITLE  SD  Delete  TITLE  PD  Delete  TITLE  PD  Delete  TITLE  PD  Delete  TITLE  STREET ADDRESS  STREET ADDR		Name	Nar		ANCELOT	DOUGA
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and little if applicable.	lot Acceptable)	Street Address (P.O. Box Number is Not	Stre	2311 E. OCEAN BLVD.		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating)    Po	FL Zip Code	City	City			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  IIILE  PD  OLICA, ANGELO T. STREET ADDRESS CITY-ST-ZIP  TITLE  PD  CARECCIA, PAUL R. STREET ADDRESS STREET ADDR	the State of Florida. I am familiar with, and accept	office or registered agent, or both, in the	purpose of changing its registered offi	y submits this statement for the purpose ered agent.	ove named entity submits the gations of registered agent.	8. The above the obligation
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE PD Delete TITLE NAME DOLICA, ANGELO T.  STREET ADDRESS 2311 E. OCEAN BLVD.  STREET ADDRESS CITY-ST-ZIP  TITLE PD Delete TITLE CITY-ST-ZIP  TITLE PD Delete TITLE CARECCIA, PAUL R.  STREET ADDRESS 2311 E. OCEAN BLVD.  STREET ADDRESS CITY-ST-ZIP  TITLE SD Delete TITLE CITY-ST-ZIP  TITLE SD Delete TITLE CITY-ST-ZIP  TITLE SD Delete TITLE CITY-ST-ZIP	DATE	Agent signature required when reinstating)	if applicable. (NOTE: Registered Agent	or printed name of registered agent and title if applicab	Signature, typed or printed name	SIGNATURE.
TITLE		- <b>40.00</b> ma, bc		FEE 13 3 130.00	ILE NOW!!! FEE IS \$ May 1, 2004 Fee wil	FIL After M
TITLE         PD         Delete         TITLE         Change         AMME           NAME         DOLICA, ANGELO T.         STREET ADDRESS         2311 E. OCEAN BLVD.         STREET ADDRESS           CITY-ST-ZIP         STUART, FL         CITY-ST-ZIP           TITLE         PD         Delete         TITLE           NAME         NAME         NAME           STREET ADDRESS         2311 E. OCEAN BLVD.         STREET ADDRESS           CITY-ST-ZIP         STUART, FL         CITY-ST-ZIP           TITLE         SD         Delete         TITLE           TITLE         TITLE         Change         AMME	NGES TO OFFICERS AND DIRECTORS IN 11	ADDITIONS/CHANG	CTORS 11.	OFFICERS AND DIRECTORS	0	10.
TITLE		ADDRESS	Delete TITLE NAME STREET ADDR	ANGELO T. CEAN BLVD.	PD DOLICA, ANGELO 1 2311 E. OCEAN BLV	TITLE NAME STREET ADDRESS
TITLE SD Delete TITLE Change A	☐ Change ☐ Addition	ADDRESS	Delete TITLE NAME STREET ADDR	IA, PAUL R. CEAN BLVD.	PD CARECCIA, PAUL F 2311 E. OCEAN BLV	NAME STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP STUART, FL  NAME STREET ADDRESS CITY-ST-ZIP STUART, FL  CITY-ST-ZIP	Change Addition	ADDRESS	Delete TITLE NAME STREET ADDR	A, LIZABETH CEAN BLVD.	SD CARECCIA, LIZABE 2311 E. OCEAN BLV	NAME STREET ADDRESS
TITLE TD Delete TITLE.  NAME DOLICA, ELIZABETH STREET ADDRESS CITY-ST-ZIP  TO Delete TITLE.  NAME STREET ADDRESS CITY-ST-ZIP  TITLE.  CTAMGE C	; chánge Addition		NAME STREET ADDR	CEAN BLVD.	DOLICA-ELIZABET SS 2311 E. OCEAN BLV	NAME STREET ADDRESS
THILE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  THE  Change  A  Change  Change  A  Change  Ch	· Change Addition	1	NAME Street addr		55	NAME .STREET ADDRESS
NAME NAME	☐ Change ☐ Addition		NAME	•		NAME
STREET ADDRESS 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)(i), Florida Statutes! I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes! I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes! I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes! I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes! I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes! I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes! I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes! I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes! I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes! I further certify that the information does not qualify for the exemption do	( July	T-ZÍP <sup>4.1</sup>	CITY-ST-ZÍP			CITY-ST-ZIP