

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002896

Entity Name: NORTH FT. MYERS ICEBREAKERS, INC.

FILED
Jan 25, 2004
Secretary of State

Current Principal Place of Business:

8487 JENNY CAE LANE
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

20101 HUFFMASTER ROAD
N. FT. MYERS, FL 33917

New Mailing Address:

FEI Number: 54-2105692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROVER, ANDREA
8487 JENNY CAE LANE
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRICE, ERNEST
Address: 20101 HUFFMASTER ROAD
City-St-Zip: N. FT. MYERS, FL 33917

Title: D () Delete
Name: VAHANIAN, RICK
Address: 116 LITTLE GROVE LANE
City-St-Zip: NORTH FT MYERS, FL 33917

Title: D () Delete
Name: JONES, MICHELE
Address: 6291 NALLE GRADE ROAD
City-St-Zip: NORTH FT MYERS, FL 33917

Title: D () Delete
Name: GROVER, ANDREA
Address: 8487 JENNY CAE LANE
City-St-Zip: NORTH FT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA GROVER

D

01/25/2004

Electronic Signature of Signing Officer or Director

Date