

FILED
May 02, 2007 08:00 A
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000006352 1. Entity Name WESTON ICE, INC.	
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Principal Place of Business 16220 INDIAN TRACE ROAD WESTON, FL 33326	Mailing Address 16220 INDIAN TRACE ROAD WESTON, FL 33326
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2211635	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MASARO, WILLIAM 282 INDIAN TRACE ROAD WESTON, FL 33326	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MASARO, WILLIAM 282 INDIAN TRACE ROAD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MASARO, ANGELA 282 INDIAN TRACE ROAD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDNER, BENJAMIN 282 INDIAN TRACE ROAD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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 05/22/07-80110-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: [Signature] 4.27.2007 954.3494775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #