


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90100 020 \*\*\*150.00

<b>DOCUMENT # P00000046756</b> 1. Entity Name <b>MY THREE SONS ICE CREAM, INC.</b>					
Principal Place of Business <b>COUNTRYSIDE MALL, SPACE #2093 27001 US HWY 19 NORTH CLEARWATER FL 34621</b>			Mailing Address <b>8368 PARKWOOD BLVD LARGO FL 33777</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>8368 PARKWOOD BLVD</b>  Suite, Apt. #, etc.			
City & State 		City & State <b>SEMINOLE, FL</b>		4. FEI Number <b>59-3644935</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33777</b>		Country <b>FLORIDA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BARTLETT, PATRICK 8368 PARKWOOD BOULEVARD LARGO FL 33777</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARTLETT, PATRICK W 8368 PARKWOOD BLVD LARGO FL 33777	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE: <u>Patrick Bartlett</u> PATRICK BARTLETT, PRES. 4/10/05 727-799-1910</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					