


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000046759 1. Entity Name SUNDODGER ICE, INC.	
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Principal Place of Business 1739 PAGE STREET CALLAHAN, FL 32011	Mailing Address P.O. BOX 693 CALLAHAN, FL 32011
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DO NOT WRITE IN THIS SPACE

04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3651751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, PENNY W ESQ.
 6015 CHESTER CIRCLE
 SUITE 210
 JACKSONVILLE, FL 32217

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STRATTON, HARRY 1739 PAGE STREET CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRATTON, MARY B 1739 PAGE ST CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAUDILL, KAREN D 1739 PAGE ST CALLAHAN, FL 32011
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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)(f), 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 another Iks empowered.

SIGNATURE: *Nancy O. Stratton* *Harry O. STRATTON* 4-05-2005 904-879-4839

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