

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000047280	
1. Entity Name BENNY'S ICE HOUSE, INC.	

Principal Place of Business 9803 S. MILITARY TRAIL BOYNTON BCH FL 33436	Mailing Address 9803 S. MILITARY TRAIL BOYNTON BCH FL 33436
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FCI Number **65-1005945** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOWNEND, BENJAMIN J 3628 GENEVRA AVE. BOYNTON BCH FL 33436
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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.

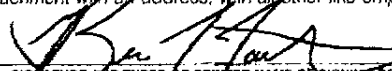
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PDST	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	TOWNEND, BENJAMIN J			NAME			
STREET ADDRESS	4878 PALO VERDE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH FL 33436			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	TOWNEND, MICHAEL R SR.			NAME			
STREET ADDRESS	4615 WOODMERE LANE			STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL 33463			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	TOWNEND, WILLIAM C			NAME			
STREET ADDRESS	6720 43RD AVE. SOUTH			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33463			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **Benjamin J. Townend** Feb 9 561 734 6924