

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90017 044 \*\*\*150.00

<b>DOCUMENT # P00000048634</b> 1. Entity Name <b>ICEPACK INVESTORS/MANAGEMENT, INC.</b>					
Principal Place of Business <b>4520 N W 6TH CT. PLANTATION, FL 33317</b>			Mailing Address <b>4520 N W 6TH CT. PLANTATION, FL 33317</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1009563</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COOK, DONALD F 1207 S. THOMPSON AVE DELAND ION, FL 32720</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</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	P HALL, DAVID <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4864 N W 97TH DR.		NAME		
STREET ADDRESS	CORAL SPRINGS, FL 33076		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VT THORNTON, RUDY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1061 N W 80TH AVE		NAME		
STREET ADDRESS	MARGATE, FL 33063		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D DRISDOM, JANIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4520 N W 6TH CT		NAME		
STREET ADDRESS	PLANTATION, FL 33317		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S LAWRENCE, AUDREY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2724 S. UNIVER. DR. 14B		NAME		
STREET ADDRESS	DAVIE, FL 33328		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:</b> <i>Janie Drisdorn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			28 Feb. '04 (954) 584-4098 <small>Date Daytime Phone #</small>		