2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000048634

1. Entity Name
ICEPACK INVESTORS/MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4520 N W 6TH CT. PLANTATION, FL 33317	4520 N W 6TH CT. PLANTATION, FL 33317

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01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1009563
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, DONALD F
1207 S. THOMPSON AVE
DELAND ION, FL 32720

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALL, DAVID
STREET ADDRESS	4864 N W 97TH DR.
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	VT
NAME	THORNTON, RUDY
STREET ADDRESS	1061 N W 80TH AVE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	DRISDOM, JANIE
STREET ADDRESS	4520 N W 6TH CT
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	S
NAME	LAWRENCE, AUDREY
STREET ADDRESS	2724 S. UNIVER. DR. 14B
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80027-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Janie Drisdom Janie Drisdom 1/17/06 954-584-4098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #