2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000067264

1. Entity Name
HOMEMADE ICE CREAM SHOPPE, INC.

Principal Place of Business	Mailing Address
14660 FRONT BEACH ROAD	14660 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413	PANAMA CITY BEACH, FL 32413

DO NOT WRITE IN THIS SPACE

60045525

04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3576243	Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHISON, EDWARD A JR
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MALOY, CEBRY S
STREET ADDRESS	14660 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413

TITLE	
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IN THIS SPACE**

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: _Cebry S. Maloy_   Cebry S. Maloy   4-27-07   850 249-0382

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