

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068022

FILED
Aug 27, 2004
Secretary of State

Entity Name: ICE CAVERN, INC.

Current Principal Place of Business:

ICE LOUNGE
2 E. ATLANTIC AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

LAND TO SEA
16566 68TH ST N
LOXAHATCHEE, FL 33470

Current Mailing Address:

ICE LOUNGE
2 E. ATLANTIC AVE
DELRAY BEACH, FL 33444

New Mailing Address:

LAND TO SEA
16566 68TH ST N
LOXAHATCHEE, FL 33470

FEI Number: 65-1034344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, ESQ., JAMES F
2 E. ATLANTIC AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

CHICOYNE, CHRIS M
16566 68TH ST N
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: CHRIS CHICOYNE

08/27/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CHICOYNE, RONALD
Address: 5365 NW 54TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: CHICOYNE, CHRIS M
Address: 16566 68TH ST N
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS CHICOYNE

DPS

08/27/2004

Electronic Signature of Signing Officer or Director

Date