

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90197 012 \*\*\*150.00

DOCUMENT # P00000111711  
 1. Entity Name  
 SOUTH POLE SMOOTHIES FRANCHISE SYSTEMS, INC.  
*2224 K UNIVERSITY WALL*



Principal Place of Business *↗* Mailing Address  
 2200 E FOWLER AVENUE 2780 E FOWLER AVE  
 TAMPA, FL 33612 #161  
 TAMPA, FL 33612

24070839



01112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3695607** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 THODE, DANIEL  
 15433 PLANTATION OAKS DR #3  
 TAMPA, FL 33647

**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 *[Signature]* **3-19-04**  
Signature types: Limited name of registered agent and title if applicable. (NOTE: Registered Agent signature requires action remaining.) DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THODE, DANIEL 15433 PLANTATION OAKS DR #3 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THODE, SUSAN <i>870 FRANKLIN CIR</i> <i>2602 ENTERPRISE RD #1502 PALM HARBOR, FL</i> CLEARWATER, FL <del>34629</del> <i>34683</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 the report as required by Chapter 507, 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: *[Signature]* **1-10-04 (83) 979-9290**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date