

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90015 033 ***150.00

DOCUMENT # P00000113928

1. Entity Name
ICE MAGIC, INC.



Principal Place of Business
**11124 SATELLITE BLVD
ORLANDO, FL 32837**

Mailing Address
**11124 SATELLITE BLVD
-ORLANDO, FL 32837**

94026968



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02272004 Chg-P CR2E034 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
01-0575332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHIDDEN, WILLIAM
11124 SATELLITE BLVD
ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name **James C. Hartman**

Street Address (P.O. Box Number is Not Acceptable)

3905 EL RAY Road

City **Orlando**

FL

Zip Code
32808

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/04

**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

**DP
WHIDDEN, WILLIAM L
5303 FAYWOOD CT.
ORLANDO, FL 32819**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DST
HARTMAN, JAMES
3905 EL RAY RD
ORLANDO, FL 32808**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HEIDERMAN, ROBERT
6043 LINNEAL BEACH RD
APOPKA, FL 32703**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JHARTMAN

3/5/04

Daytime Phone #

407-298-2982