

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 28, 2008 8:00 am  
Secretary of State**

04-28-2008 90331 011 \*\*\*150.00

DOCUMENT # P01000018675

1. Entity Name  
OLDE TYME ICE CREAM, INC.



Principal Place of Business  
4550 HWY 20 E  
STE H  
NICEVILLE, FL 32578

Mailing Address

4550 HWY 20 E  
STE H  
NICEVILLE, FL 32578

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Applied For

Not Applicable

40083010



01152008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3714539

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

7. Name and Address of New Registered Agent

INGRAM, DOUGLAS T JR  
912 S PALM BVLD  
STE E  
NICEVILLE, FL 32578

Name: *Karen S. Schutt*

Street Address (P.O. Box Number is also acceptable)

4550 E. HWY 20

STE. H

Niceville

FL

2008

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: *Karen Schutt*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: *4/24/08*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD  
NAME: SCHUTT, KAREN S  
STREET ADDRESS: 508 SAMANA WAY  
CITY-ST-ZIP: NICEVILLE, FL 32578

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE: VD  
NAME: SCHUTT, B. STEVEN  
STREET ADDRESS: 121 ELDERBERRY LN  
CITY-ST-ZIP: NICEVILLE, FL 32578

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: *Karen Schutt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850.897.4550