2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000047550

1. Entity Name KARICE, INC.



Principal Place of Business

Mailing Address

1703 SKINNER ST. LAKELAND, FL 33801 PO BOX 382 LAKELAND, FL 33802

FILED Feb 08, 2007 08:00 AM **Secretary of State**



DO	NOT	WRITE	IN THIS	SPACE
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CR2E034 (11/05) 02022007 No Chg-P

4. FEI Number 59-3715200

Applied For Hot Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, KARINA 1703 SKINNER ST. LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

		1			
	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registered	office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	·				
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered A	gent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		 Election Campaign Financ Trust Fund Contribution. 	ng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
HTILF NAME STREET ADDRESS CITY-ST-ZIP	P STANLEY, KARINA 1703 SKINNER ST. LAKELAND, FL 33801		: "		U00000628116 02/16/07-80002-008_150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP			•		
TITLE MAME STREET ADDRESS CITY-ST-ZIP			-	DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARINA SLOAN