2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State
06-27-2005 90004 006 ***550.00

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DOCUMENT # P01000055136

1. Entity Name:
LUCKY'S BEVERAGE & ICE SERVICE CO., INC.

Principal Place of Business	Mailing Address
210 FIELD END ST SARASOTA, FL 34240	210 FIELD END ST SARASOTA, FL 34240

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

05052005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1118538 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATHEWS, JOYCE 2960 MYAKKA ROAD VENICE, FL 34293	Name: MATHEWS JOYCE Street Address (P.O. Box Number is Not Acceptable): 210 Field End Street City: Sarasota FL Zip Code: 34240

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: Joyce Mathews   DATE: 6/7/05

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S MATHEWS, JOYCE 2960 MYAKKA ROAD VENICE, FL 34293 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MATHEWS Joyce 5654 Forester Pond Avenue Sarasota FL 34243 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP MATHEWS, MARK 2960 MYAKKA ROAD VENICE, FL 34293 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, VP MATHEWS MARK 5654 Forester Pond Avenue Sarasota FL 34243 ☒ Change ☐ Addition
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TITLE / NAME / 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 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 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: Joyce Mathews (Joyce Mathews) 6/7/05 (941)371-3092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR