

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000113901

Entity Name: S.W. FLORIDA ICE INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1095 BUSINESS LN., UNIT 2  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1095 BUSINESS LN., UNIT 2  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 59-3745304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INGEGNERI, MAURA  
1095 BUSINESS LN., UNIT 2  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: INGEGNERI, MAURA  
Address: 1095 BUSINESS LANE UNIT 3  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAURA INGEGNERI

D

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date