2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 22, 2007 08:00 AM DOCUMENT # P01000117513 **Secretary of State** SOFT-SERVE/REFRIGERATION SALES & SERVICE OF WEST FLORIDA CORP. Principal Place of Business Mailing Address 10055 NEW PARKE ROAD 10055 NEW PARKE ROAD **TAMPA FL 33626 TAMPA FL 33626** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 01-0566132 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMALL, STEVE Street Address (P.O. Box Number is Not Acceptable) 10055 NEW PARKE ROAD **TAMPA FL 33626** City Zip Codo 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT Addition HHE ☐ Change Delete HILL NAMI SMALL, STEVE NAMI 10055 NEW PARKE ROAD 01/24/07-80066-011 150.00 STREET ADDRESS STREET ADDRESS **TAMPA FL 33626** CITY-ST-ZIP CITY-S1-762 ☐ Change Addition 1000 ☐ Defete THIE. EGG. THERON J JR NAME NAM 830 RIVERSIDE DR STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** CITY - ST - 7IF CJTY - ST- ZIP TITLE ☐ Delete Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP mu: Delete ☐ Change ☐ Addition TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST- 712 Delete ☐ Change ■ Addition TITLE NAME NAME STREEL ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustge 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 attaching my with any address, with all ighor like empowered.

FILED

NATURE: STALL SMALL, PRES 1-13-09 813-0120-