

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000122369

1. Entity Name  
ICE MAGIC-ORLANDO, INC.



Principal Place of Business  
11124 SATELLITE BLVD  
ORLANDO, FL 32837

Mailing Address  
11124 SATELLITE BLVD  
ORLANDO, FL 32837



02272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3367383

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARTMAN, JAMES C  
3905 EL RAY ROAD  
ORLANDO, FL 32808

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WHIDDEN, WILLIAM L
STREET ADDRESS	5303 FAYWOOD CT
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	DST
NAME	HARTMAN, JAMES C
STREET ADDRESS	3905 EL RAY ROAD
CITY - ST - ZIP	ORLANDO, FL 32808
TITLE	D
NAME	HEIDEMAN, ROBERT C
STREET ADDRESS	6223 LINNEAL BEACH ROAD
CITY - ST - ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000080200  
03/08/04-80099-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

J HARTMAN

3/5/04

Date

407-298-2982

Daytime Phone #