

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90021 049 ***158.75

DOCUMENT # P02000076298

1. Entity Name

DAISY'S ICE CREAM, INC.



Principal Place of Business

824 MONTROSE ST
CLERMONT FL 34711

Mailing Address

437 LK DRIVEPORT BLVD
DAVENPORT 33897

2. Principal Place of Business

101 POLO PARK BLVD

3. Mailing Address

101 POLO PARK BLVD



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

DAVENPORT FLORIDA

City & State

DAVENPORT FLORIDA

Zip

33897

Country

USA

Zip

33897

Country

USA

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, OFELIA
437 LK DAVENPORT BLVD
33897
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

GUTIERREZ OFELIA

Street Address (P.O. Box Number is Not Acceptable)

437 LK DAVENPORT BLVD

City

DAVENPORT

FL

Zip Code

33897

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

Ofelia Gutierrez

OFELIA GUTIERREZ

3-10-04

Signature, typed or printed name of registered agent and date 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PECORA DE GUTIERREZ, OFELIA I	
STREET ADDRESS	824 MONTROSE ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISTINA I GUTIERREZ	
STREET ADDRESS	437 LK DAVENPORT BLVD	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANALIA B. WALPEN	
STREET ADDRESS	618 DAVENPORT LK BLVD	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ OFELIA I	
STREET ADDRESS	437 LK DAVENPORT BLVD	
CITY-ST-ZIP	DAVENPORT FL 33897	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ofelia Gutierrez

OFELIA GUTIERREZ

3-10-04

(863) 424-1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #