


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90254 010 ***158.75

DOCUMENT # P02000076298 1. Entity Name DAISY'S ICE CREAM, INC.					
Principal Place of Business 101 POLO PARK BLVD STE #2 DAVENPORT, FL 33897			Mailing Address 101 POLO PARK BLVD STE #2 DAVENPORT, FL 33897		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 2143 MORNING STAR DR Suite, Apt. #, etc.		
City & State			City & State CLERMONT		
Zip 34714		Country USA		4. EFT Number 55-0830618	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUTIERREZ, OFELIA 437 LK DAVENPORT BLVD DAVENPORT, FL 33897			7. Name and Address of New Registered Agent Name GUTIERREZ, OFELIA Street Address (P.O. Box Number is Not Acceptable) 2143 MORNING STAR DR City CLERMONT FL Zip Code 34714		
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: <u><i>Ofelia Gutierrez</i></u> 03-15-05 <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GUTIERREZ, OFELIA I 437 LK DAVENPORT BLVD DAVENPORT, FL 33897	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, OFELIA 2143 MORNING STAR DR CLERMONT FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTIERREZ, CRISTINA I 437 LK DAVENPORT BLVD DAVENPORT, FL 33897	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTIERREZ CRISTINA I 2143 MORNING STAR DR CLERMONT FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALPEN, ANALIA B 618 DAVENPORT LK BLVD DAVENPORT, FL 33897	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALPEN ANALIA B 2001 - ONECCO CT CLERMONT FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE 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: <u><i>Ofelia Gutierrez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03-15-05 <small>Date Daytime Phone #</small>	

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03152005 Chg-P CR2E034 (10/03)