

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90032 001 \*\*\*150.00

<b>DOCUMENT # P02000110085</b> 1. Entity Name <b>DNS CREAMERY, INC.</b>					
Principal Place of Business <b>4714 BULLOCK CT. TAMPA, FL 33624</b>			Mailing Address <b>4714 BULLOCK CT. TAMPA, FL 33624</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NEVILLS, DENISE 4714 BULLOCK CT. TAMPA, FL 33624</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEVILLS, DENISE 4714 BULLOCK CT. TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Co-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEVILLS, STUART 4714 BULLOCK CT. TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Co-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nancy Lewko</b> <b>7003 Sunset Way #2</b> <b>St. Pete Beach, FL 33706</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Nancy Lewko</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>5/15/04</b> <b>727</b> Daytime Phone # <b>415-0929</b>		

Attachment

66410833

# PD 20001100 Page 1 of 1

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		<b>EIN</b> 20-0954410 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested DNS Creamery Inc.					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name Denise Nevills		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 4714 Bullock Ct			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Tampa FL 33624			5b City, state, and ZIP code		
6* County and state where principal business is located County Hillsborough State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor Denise Nevills			7b* SSN, ITIN, EIN 364-62-6728		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ P02000110085 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ Added new officer			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) OCT 11 2002			11* Closing month of accounting year JAN		
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-" .....				Agriculture	Household
				Other	0
14* Check box that best describes the principal activity of your business					
<input type="checkbox"/> Construction		<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Health care & social assistance	
<input type="checkbox"/> Real estate		<input type="checkbox"/> Transportation & warehousing		<input checked="" type="checkbox"/> Accommodation & food service	
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Wholesale-agent/broker	
		<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Wholesale-other	
		<input type="checkbox"/> Retail			
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. ice cream.					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) OCT 11 2002 City and state where filed Tampa FL Previous EIN -					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name Nancy Lewko Address and ZIP code 7003 Sunset Way No 2 St Pete Beach FL 33706		Designee's telephone number (include area code) ( 727 ) 415 - 0929 Designee's fax number (include area code) ( ) -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ Denise Nevills Signature ▶ Not Required Date ▶ April 05, 2004 GMT				Applicant's telephone number (include area code) ( 813 ) 960 - 0034 Applicant's fax number (include area code) ( ) -	