

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90218 001 ***150.00

DOCUMENT # P03000022307

1. Entity Name
CHILLY WILLYS ICE CREAM INC.



Principal Place of Business
**3830 NE INDIAN RIVER DR
JENSEN BCH, FL 34957**

Mailing Address
**3830 NE INDIAN RIVER DR
JENSEN BCH, FL 34957**

94071000



2. Principal Place of Business
1070 SW Dubois AVE.
Suite, Apt. #, etc.

3. Mailing Address
1070 SW Dubois Ave.
Suite, Apt. #, etc.

04072004 Chg-P CR2E034 (10/03)

City & State
Port St. Lucie, FL.

City & State
Port St. Lucie, FL

4. FEI Number
20-0969272

Zip
34953

Country
US

Zip
34953

Country
US

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

6. Name and Address of Current Registered Agent

**IARRICCIO, FRANK
3830 NE INDIAN RIVER DR
JENSEN BCH, FL 34957**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1070 SW Dubois Avenue
City **Port St. Lucie, FL** Zip Code **34953**

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, a the obligations of registered agent.

SIGNATURE *Frank Iarriccio*

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

(NOTE: Registered Agent signature required when reinstating)

4/20/04
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 NAME STREET ADDRESS CITY-ST-ZIP	DP IARRICCIO, FRANK 3830 NE INDIAN RIVER DR JENSEN BCH, FL 34957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change 1070 SW Dubois Avenue Port St. Lucie, FL. 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Iarriccio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

772-631-9177
Daytime Phone #