FILED
May 05, 2004 8:00 am
Secretary of State

04-12-2004 90301 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000033809

1. Entity Name
JOHN'S ICE CREAM, INC.

Principal Place of Business	Mailing Address
8556 STURBRIDGE CIRCLE WEST JACKSONVILLE, FL 32244	8556 STURBRIDGE CIRCLE WEST JACKSONVILLE, FL 32244

66419136

02272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6933 Tree Frog Court Suite, Apt. #, etc.		6933 Tree Frog Court Suite, Apt. #, etc.	
City & State: Jacksonville FL		City & State: Jacksonville FL	
Zip: 32244	Country	Zip: 32244	Country

4. FEI Number: 14-1879699 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, JOHN R
8556 STURBRIDGE CIRCLE WEST
JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent

Name: Phillips, John R
Street Address (P.O. Box Number is Not Acceptable): 6933 Tree Frog Court
City: Jacksonville FL Zip Code: 32244

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] Date: 3/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner John Phillips 6933 tree frog ct Jacksonville, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co owner Gail Phillips 6933 tree Frog Ct Jacksonville FL, 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #