

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000033809**

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



Principal Place of Business  
**6933 TREE FROG COURT  
JACKSONVILLE, FL 32244**

Mailing Address  
**6933 TREE FROG COURT  
JACKSONVILLE, FL 32244**



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>14-1879699</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PHILLIPS, JOHN R  
6933 TREE FROG COURT  
JACKSONVILLE, FL 32244**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	0
NAME	PHILLIPS, JOHN
STREET ADDRESS	6933 TREE FROG COURT
CITY- ST- ZIP	JACKSONVILLE, FL 32244

TITLE	CO
NAME	PHILLIPS, GAIL
STREET ADDRESS	6933 TREE FROG COURT
CITY- ST- ZIP	JACKSONVILLE, FL 32244

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/29/05-80053-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John Phillips*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Date

904 778 7481

Daytime Phone #