


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90003 015 ***150.00

DOCUMENT # P03000047712 1. Entity Name CARMEN'S ITALIAN ICE OF MELBOURNE, INC.					
Principal Place of Business 6300 N WICKHAM RD, STE 123 MELBOURNE, FL 32940			Mailing Address 6300 N WICKHAM RD, STE 123 MELBOURNE, FL 32940		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 32-0075303	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KALLENBACH, KELLI 6300 N WICKHAM RD, STE 123 MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALLENBACH, KELLI 820 BARNES BLVD ROCKLEDGE, FL 32955		<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	D KALLENBACH, STEFFEN 820 BARNES BLVD ROCKLEDGE, FL 32955		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Kelli Kallenbach</i>			8/17/04		321-751-3355
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

Attachment
Doc. # 03000047712
154069136

August 18, 2004

To Whom It May Concern,

Please be advised that I did not receive the original or any notice for my 2004 Profit Corporation Annual Report. It may have been due to changing Accountants.

So I am sending you my payment as I received a Notice of Intent to Dissolve, which I do not want to happen.

Please be so kind and wave any late charges/fees.

Thank you for your cooperation in this matter.

Sincerely,

Kelli Kallenbach

Kelli Kallenbach
Carmen's Italian Ice
FEI: 32-0075303