2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90195 017 ***150.00

DOCUMENT # P03000067599

1. Entity Name
KEY WEST ICE CREAM FACTORY SOUTH, INC.

Principal Place of Business
201 WILLIAM ST #101
KEY WEST, FL 33040

Mailing Address
P.O. BOX 5466
KEY WEST, FL 33045

04052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 507 A SOUTH ST
Suite, Apt. #, etc:
City & State: KEY WEST, FLORIDA
Zip: 33040 Country: U.S.A

3. Mailing Address: PO BOX 5466
Suite, Apt. #, etc:
City & State: Key West, FL.
Zip: 33045 Country: U.S.A

4. FEI Number: 61-1453547 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CATES, JOANNE V
201 WILLIAM ST #101
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________________
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
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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: Joanne V Cates JOANNE V. CATES 4/21/04 305-295-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #