# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2004**
**Secretary of State**

DOCUMENT# P03000080211

**Entity Name:** ICECREAM SCIENCE, INC.

**Current Principal Place of Business:**

4931 SILKWOOD DRIVE
SARASOTA, FL 34241 US

**New Principal Place of Business:**

**Current Mailing Address:**

4931 SILKWOOD DRIVE
SARASOTA, FL 34241 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: LAND, DAVID C
Address: 4931 SILKWOOD DRIVE
City-St-Zip: SARASOTA, FL 34241 US

Title: D ( ) Delete
Name: LAND, CHERYL G
Address: 4931 SILKWOOD DRIVE
City-St-Zip: SARASOTA, FL 34241 US

Title: D ( ) Delete
Name: LAND, BRADLEY C
Address: 2124 N. TAMIAMI TRAIL, APT 103
City-St-Zip: SARASOTA, FL 34241 US

Title: D ( ) Delete
Name: LAND, LORA K
Address: FAU BOX # BOX 509 I, 815 INDIAN RIVER ST.
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C LAND D 03/25/2004
Electronic Signature of Signing Officer or Director Date