

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90023 041 ***150.00

DOCUMENT # P03000102472					
1. Entity Name THE ICE SHACK, INC.					
Principal Place of Business 2161 19TH ST. SARASOTA, FL 34234			Mailing Address 2161 19TH ST. SARASOTA, FL 34234		
2. Principal Place of Business 2155 19th ST Suite, Apt. #, etc.		3. Mailing Address 2155 19th ST Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 03-0528073	
Zip 34234		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEMAN, GLENN 2161 19TH STREET SARASOTA, FL 34234			7. Name and Address of New Registered Agent Name: <u>Glen FREEMAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>2155 19th ST</u> City: <u>SARASOTA</u> FL Zip Code <u>34234</u>		
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: <u>Glen Freeman</u> <u>President</u> <u>8/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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 PTD NAME FREEMAN, GLENN STREET ADDRESS 2161 19TH ST. CITY-ST-ZIP SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete		TITLE <u>President</u> NAME <u>Glen Freeman</u> STREET ADDRESS <u>2155 19th ST</u> CITY-ST-ZIP <u>SARASOTA FL 34234</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME ALLEN, KURT STREET ADDRESS 2161 19TH ST. CITY-ST-ZIP SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete		TITLE <u>VP</u> NAME <u>Glen Freeman</u> STREET ADDRESS <u>2155 19th ST</u> CITY-ST-ZIP <u>SARASOTA FL 34234</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Glen Freeman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>8/22/06</u> <u>941-954-0885</u> <small>Date Daytime Phone #</small>		