

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-17-2005 90031 018 ***150.00

DOCUMENT # P03000135134 1. Entity Name BELVEDERE ICE BOX, INC.					
Principal Place of Business 2225 BELVEDERE ROAD WEST PALM BEACH FL 33406 US			Mailing Address 1812 LYNTON CIRCLE WELLINGTON FL 33414 US		
2. Principal Place of Business 3756 Hwy 27 Suite, Apt. #, etc. CLEWISTON FL City & State		3. Mailing Address 1010 PONCE DE LEON Suite, Apt. #, etc. CLEWISTON FL City & State			
Zip 33440	Country HENDRY	Zip 33440	Country HENDRY	4. FEI Number 42-1629248 <input checked="" type="checkbox"/> APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent FUCHS, LANCE C 501 SOUTH FLALGER DRIVE SUITE 305 WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name FUCHS, LANCE C Street Address (P.O. Box Number is Not Acceptable) 7108 FAIRWAY DRIVE SUITE 200 PALM BEACH GARDENS FL Zip Code 33418		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 17, 2005, Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEECH, ROBERT F 1812 LYNTON CIRCLE WELLINGTON FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEECH, ROBERT F. 1010 PONCE DE LEON CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEECH, WANDA 1812 LYNTON CIRCLE WELLINGTON FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEECH, WANDA 1010 PONCE DE LEON CLEWISTON, FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAIN, GERALD E 305 EMERSON CIRCLE PALM SPRINGS FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: Robert F. Leech			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
ROBERT F. LEECH			Date 2-13-05 Daytime Phone # 863-218 7124		