

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143193

FILED  
May 20, 2009  
Secretary of State

Entity Name: POLAR ICE EXPRESS OF THE NATURE COAST INC

**Current Principal Place of Business:**

10318 NW 234TH ST  
ALACHUA, FL 32615

**New Principal Place of Business:**

39 W HWY 40  
INGLIS, FL 34449

**Current Mailing Address:**

PO BOX 685  
INGLIS, FL 34449

**New Mailing Address:**

FEI Number: 55-0854551      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ZALOGA, JAMES H  
10318 NW 234TH ST  
ALACHUA, FL 32615      US

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

ZALOGA, JAMES H  
5 CAPTAINS COVE  
INGLIS, FL 34449      US

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: \_\_\_\_\_ 05/20/2009  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            ZALOGA, JAMES H  
Address:        10318 NW 234TH ST  
City-St-Zip:    ALACHUA, FL 32615

Title:            D            ( ) Delete  
Name:            ZALOGA, GAIL S  
Address:        10318 NW 234TH  
City-St-Zip:    ALACHUA, FL 32615

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

Title:            D            (X) Change ( ) Addition  
Name:            ZALOGA, JAMES H  
Address:        5 CAPTAINS COVE  
City-St-Zip:    INGLIS, FL 34449

Title:            D            (X) Change ( ) Addition  
Name:            ZALOGA, GAIL S  
Address:        5 CAPTAINS COVE  
City-St-Zip:    INGLIS, FL 34449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMESZALOGA      PRES      05/20/2009  
Electronic Signature of Signing Officer or Director      Date