


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90121 015 \*\*\*150.00

<b>DOCUMENT # P04000043215</b> 1. Entity Name <b>JMS ICES INC.</b>			
Principal Place of Business 12700 3RD ISLE HUDSON, FL 34667 US		Mailing Address 12700 3RD ISLE HUDSON, FL 34667 US	
2. Principal Place of Business <b>9414 US HWY 19</b> Suite, Apt. #, etc.		3. Mailing Address <b>9414 US HWY 19</b> Suite, Apt. #, etc.	
City & State <b>Port Richey FL</b> Zip <b>34668</b> Country <b>US</b>		City & State <b>Port Richey FL</b> Zip <b>34668</b> Country <b>US</b>	
4. FEI Number <b>51-0500414</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BAGGOTT, FRANCINE MRS.</b> <b>12700 3RD ISLE</b> <b>HUDSON, FL 34667</b>		7. Name and Address of New Registered Agent Name <b>Michael Calderera</b> Street Address (P.O. Box Number is Not Acceptable) <b>13828 Coronado Drive</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34609</b>	
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><i>[Signature]</i></u> DATE <b>4/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CALDARERA, MICHAEL MR.</b> <b>131 DEAUVILLE PARKWAY</b> <b>LINDENHURST, NY 11757</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>OLIVER, nclla, mrs</b> <b>153 8th AVE</b> <b>WEST Babylon NY 11704</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>OLIVER, SCOTT MR.</b> <b>153 8TH AVE.</b> <b>WEST BABYLON, NY 11704</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T <b>Calderera, michie mrs.</b> <b>13828 Coronado Drive</b> <b>Spring Hill, FL 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BAGGOTT, FRANCINE MRS.</b> <b>12700 3RD ISLE</b> <b>HUDSON, FL 34667</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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 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: <u><i>[Signature]</i></u> DATE <b>4/28/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			