## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 03, 2006 8:00 am Secretary of State DOCUMENT # P04000051991 05-03-2006 90212 042 \*\*\*150.00 SHILOH'S ICE CREAM DISTRIBUTION CO. INC. Principal Place of Business Mailing Address 609 4TH PLACE 2337 S.W. 15TH STREET VERO BEACH, FL 32962 VERO BEACH, FL 32962 3. Mailing Address せく Suite, Apt. #, etc. 05012006 CR2E034 (11/05) 4. FFI Number Applied For City & State 20-0937786 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZANIEWSKI, JANET E Street Address (P.O. Box Number is Not Acceptable) 2337 S.W. 15TH STREET VERO BEACH, FL 32962 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete ☐ Change TITLE NAME ZANIEWSKI, THEODORE J NAME 2337 S.W. 15TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP TOTAL ☐ Delete TITLE Change Change ☐ Addition ZANIEWSKI, JANET E. 2337 S.W. 154 STREET ZANIEWSKI, JANET E NAME NAME 2337 S.W. 15TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP VERO BEACH FI 32962 THTLE ☐ Delete TITLE ☐ Change Addition ZANTEWSKI, MICHAEL T. 1485 SW. 21<sup>ST</sup> AVENUE VERO BENCH FL 3296 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

FILED

4/30/06 772-778-2760