

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 28, 2006 8:00 am
Secretary of State

03-27-2006 90287 001 ***150.00
03-27-2006 90287 002 *****8.75

66012300



1st MOORE CR2E034 (10/05)

DOCUMENT # P05000060099			
1. Entity Name SUMMER DAYS GOURMET SHAVED ICE INC.			
Principal Place of Business 413 N. ROSEMARY AVE. WEST PALM BEACH FL 33401-4133 US		Mailing Address 1326 THE 12TH FAIRWAY WELLINGTON FL 33414 US	
2. Principal Place of Business 1612 Lucerne Ave		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
City & State Lake Worth, FL		City & State	
Zip 33460	Country US	Zip	Country
4. FEL Number 36-4573821		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAYS, ELLIOTT C 1326 THE 12TH FAIRWAY WELLINGTON FL 33414		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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: Elliott C Days, Elliott C. Days, CEO 3-9-06 (NOTE: Registered Agent signature required when re-registering.)			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 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	CEO DAYS, ELLIOTT C 1326 THE 12TH FAIRWAY WELLINGTON FL 33414 <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	CFO Frank S. Days 1326 The 12th Fairway Wellington, FL 33414 <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	Director Sheresa Fairclough 13591 Greentree Tr Wellington, FL 33414 <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	Director Patricia Scott P.O. Box 34174 Washington DC 20043 <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 exemptions contained in Section 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: Frank S. Days, Frank S. Days		4-7-06 314-517-3999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	