

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122395

**FILED**  
**Apr 10, 2006**  
**Secretary of State**

**Entity Name:** ISLAND ICE CREAM & MORE, INC.

**Current Principal Place of Business:**

9227 MIDNIGHT PASS RD #5  
SARASOTA, FL 34242

**New Principal Place of Business:**

1220 OLD STICKNEY POINT ROAD  
SARASOTA, FL 34242

**Current Mailing Address:**

9227 MIDNIGHT PASS RD #5  
SARASOTA, FL 34242

**New Mailing Address:**

1220 OLD STICKNEY POINT ROAD  
SARASOTA, FL 34242

**FEI Number:** 20-3434796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOIGT, STEPHEN F ESQ  
2042 BEE RIDGE RD  
SARASOTA, FL 34239 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: SHENK, VICKIE L  
Address: 9227 MIDNIGHT PASS RD #5  
City-St-Zip: SARASOTA, FL 34242

Title: VS ( ) Delete  
Name: BACK, KIMBERLY A  
Address: 9227 MIDNIGHT PASS RD #5  
City-St-Zip: SARASOTA, FL 34242

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

Title: PT (X) Change ( ) Addition  
Name: SHENK, VICKIE L  
Address: 6530 PEACOCK ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: VS (X) Change ( ) Addition  
Name: BACK, KIMBERLY A  
Address: 6530 PEACOCK ROAD  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY ANN BACK

VP

04/10/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date