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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 24 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000145872			
1. Entity Name MOOTZ'S REAL HOMEMADE ITALIAN ICE, INC.			
Principal Place of Business 9639 SAVONA WINDS ROAD DELRAY BEACH, FL 33446		Mailing Address 9639 SAVONA WINDS ROAD DELRAY BEACH, FL 33446	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
08202007		Chg-P CR2E034 (12/06)	
4. FEI Number 20-8247113		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: [Redacted] Street Address (P.O. Box Number is Not Acceptable): [Redacted] City: [Redacted] FL Zip Code: [Redacted]	
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 _____ (NOTE: Registered Agent signature required when relevant) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABELL, BARRY	NAME	LABELL, BARRY
STREET ADDRESS	9639 SAVONA WINDS ROAD	STREET ADDRESS	9639 SAVONA WINDS ROAD
CITY-ST-ZIP	DELRAY BEACH, FL 33446	CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: 		Date: 8/24/07 305 725-3340	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



CORPORATION SERVICE COMPANY

PAY CR 12

RECEIVED

07 AUG 24 PM 12:47

ACCOUNT NO. : 072100000032

REFERENCE : 069534 5014227

AUTHORIZATION :

Lyndee Clemon

COST LIMIT : \$ 150.00

STATE
REGISTRATION
DIVISION

ORDER DATE : August 24, 2007

ORDER TIME : 9:35 AM

ORDER NO. : 069534-005

CUSTOMER NO: 5014227

ANNUAL REPORT FILING

NAME: MOOTZ'S REAL HOMEMADE ITALIAN
ICE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY.
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: _____