

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069170

FILED  
Sep 22, 2010  
Secretary of State

**Entity Name:** WE SCREAM FOR ICE CREAM, INC.

**Current Principal Place of Business:**

2059 ALTAMONTE AVENUE  
FT. MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

1268 CARLENE AVENUE  
FT. MYERS, FL 33901 US

**New Mailing Address:**

**FEI Number:** 26-3032988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRICE, MARIA P  
2059 ALTAMONTE AVENUE  
FT. MYERS, FL 33901 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

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** PRICE, MARIA P  
**Address:** 1268 CARLENE AVENUE  
**City-St-Zip:** FT. MYERS, FL 33901 US

**Title:** VP  
**Name:** PRICE, RICHARD L  
**Address:** 1268 CARLENE AVENUE  
**City-St-Zip:** FT. MYERS, FL 33901 US

I hereby 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 all other like empowered.

**SIGNATURE:** MARIA P. PRICE

DPST

09/22/2010

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

\_\_\_\_\_  
Date