

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092368

Entity Name: CAPE CORAL ICE, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

404 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909

New Principal Place of Business:

404 NE PINE ISLAND ROAD
CAPE CORAL, FL 339092549

Current Mailing Address:

404 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909

New Mailing Address:

PO BOX 62014
FORT MYERS, FL 339062014

FEI Number: 26-3552576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEEN, TAMI M
404 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

GOODMAN, ROBERT H PRES
404 NE PINE ISLAND ROAD
CAPE CORAL, FL 339092549 US

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: ROBERT H. GOODMAN

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOODMAN, ROBERT
Address: 404 NE PINE ISLAND ROAD
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GOODMAN, ROBERT H
Address: 404 NE PINE ISLAND ROAD
City-St-Zip: CAPE CORAL, FL 339092549

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT H. GOODMAN

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date