

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000045934

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** FIRE 2 ICE REFRIGERATION, INC.

**Current Principal Place of Business:**

16621 RIVER ST  
WHITE SPRINGS, FL 32096

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 320  
WHITE SPRINGS, FL 32096

**New Mailing Address:**

**FEI Number:** 27-0397075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODARD, TRACY  
16621 RIVER STREET  
WHITE SPRINGS, FL 32096 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: P  
Name: WOODARD, TRACY  
Address: 16621 RIVER ST  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: S  
Name: WOODARD, CLAYTON E SR  
Address: 16621 RIVER ST  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: T  
Name: WOODARD, CLAYTON E SR  
Address: P.O. BOX 320  
City-St-Zip: WHITE SPRINGS, FL 32096

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: TRACY WOODARD

P

03/12/2012

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

\_\_\_\_\_ Date