

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000080770

Entity Name: MOO ICE CREAM, INC.

FILED  
Apr 12, 2010  
Secretary of State

**Current Principal Place of Business:**

42609 U.S. HIGHWAY 27  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

202 BROKEN WOODS BOULEVARD  
DAVENPORT, FL 33837

**New Mailing Address:**

42609 U.S. HIGHWAY 27  
DAVENPORT, FL 33837

FEI Number: 27-0987414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KILEY, TIMOTHY E  
225 E. LEMON STREET  
STE 300  
LAKELAND, FL 33801 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: D  
Name: SNIDER, SCOTT  
Address: 202 BROKEN WOODS BOULEVARD  
City-St-Zip: DAVENPORT, FL 33837

Title: D  
Name: SNIDER, LINDA  
Address: 202 BROKEN WOODS BOULEVARD  
City-St-Zip: DAVENPORT, FL 33837

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: LINDA SNIDER

D

04/12/2010

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

\_\_\_\_\_  
Date