2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000042013

1. Entity Name ICE CREAM DEPOT, INC.



Principal Place of Business

436 DATE PALM COURT

ST PETERSBURG, FL 33703 US

Mailing Address

436 DATE PALM COURT ST PETERSBURG, FL 33703

US

FILED Apr 01, 2004 08:00 AM Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 03-0343486 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAHL, RICHARD C 436 DATE PALM CT. ST. PETERSBURG, FL 33703

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	named entity submits this statement for the points of registered agent.	ourpose of changing its registered off	ice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or orbited name of registered agent and title	if applicable (NOTE Registered Agent	signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PAHL, RICHARD 436 DATE PALM COURT SAINT PETERSBURG, FL 33703				000000100646 04/01/04-80016-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, GREGORY J 436 DATE PALM COURT SAINT PETERSBURG, FL 33703					
TITLE NAME STREET ADDRESS CITY-ST-ZP	D LASCH, FRANCES Z 436 DATE PALM COURT SAINT PETERSBURG, FL 33703		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZP	D BOUDREAU, CYNTHIA 436 DATE PALM COURT SAINT PETERSBURG, FL 33703					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETHERINGTON, MICHAEL 436 DATE PALM COURT ST PETERSBURG, FL					
TITLE NAME STREET ADDRESS CRY-ST-ZIP	D FICHERVLLE, PIERRE 436 DATE PALM COURT SAINT PETERSBURG, FL 33703					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, it 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 path; 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: <

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

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