

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000024510

1. Entity Name
ICE MAGIC HOLDINGS, INC.



Principal Place of Business
11124 SATELLITE BLVD
ORLANDO, FL 32837-7220

Mailing Address
11124 SATELLITE BLVD
ORLANDO, FL 32837-7220



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3367383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHIDDEN, WILLIAM
11124 SATELLITE BLVD
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000605088
01/30/07-80022-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHIDDEN, WILLIAM L
STREET ADDRESS	5303 FAYWOOD COURT
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	HEIDEMAN, ROBERT C
STREET ADDRESS	6043 LINNEAL BEACH DR
CITY-ST-ZIP	APOPKA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #