

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000006108

1. Entity Name

FOXY'S ICY D-LITE, INC.



Principal Place of Business

12 SE 5TH AVENUE
DELRAY BEACH FL 44382
US

Mailing Address

100 N. LAKESHORE DR
HYPOLUXO FL 33462
US

2. Principal Place of Business

Suite, Apt. #, etc

3. Mailing Address

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0731010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DINIELLI, FELIX A
100 N. LAKESHORE DR
HYPOLUXO FL 33462

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FELIX A. DINIELLI

Felix A. Dinielli

2/7/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DINIELLI, FELIX A
100 N. LAKESHORE DR
HYPOLUXO FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
000000246322
02/28/05-80061-005 150.00 ☐ Change ☐ Addition

TITLE
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CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FELIX A. DINIELLI

Felix A. Dinielli

2/7/05

561-
276-9379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #