


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90030 017 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P97000083253</b><br>1. Entity Name<br>ICE SYSTEMS OF PANAMA CITY, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 15<br>PANAMA CITY, FL 32402 | Mailing Address<br>455 HARRISON AVE STE C<br>PANAMA CITY, FL 32401 US |
|---|---|

**66013747**



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3472422  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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|--|
| 8. Name and Address of Current Registered Agent<br><br>FILINGS, INC.<br>3732 N.W. 16TH STREET<br>FT. LAUDERDALE, FL 33311-4132 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DARDEN, STEVEN<br>29 E. 5TH STREET<br>PANAMA CITY, FL 32402 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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 registered agent 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: Steve Darden 6-4-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #