

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90002 036 ***150.00

DOCUMENT # P98000050665 1. Entity Name BOARDWALK CAFE AND ICE CREAM CO.	
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Principal Place of Business 4079 OCEAN DRIVE VERO BEACH, FL 32963	Mailing Address 516 CONN WAY VERO BEACH, FL 32963
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54059315



2. Principal Place of Business	3. Mailing Address 346-11th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Vero Beach FL
Zip	Country USA

06162004 Chg-P CR2E034 (10/03)

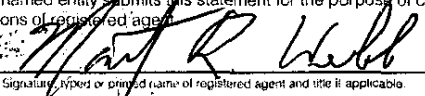
4. FEI Number
59-3514211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent COPER, KAREN 516 CONN WAY VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name: Marty R. Webb Street Address (P.O. Box Number is Not Acceptable) 346 11th Avenue City Vero Beach FL Zip Code 32962
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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.

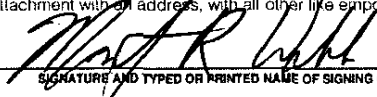
SIGNATURE:  **Marty R. Webb** DATE: **6/16/04**

*Signature typed or printed (name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, KAREN 516 CONN WAY VERO BEACH, FL 32963 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marty R. Webb 346-11th Avenue Vero Beach FL 32962 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, BRENDAN 516 CONN WAY VERO BEACH, FL 32963 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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:  **MARTY R. WEBB** DATE: **6/16/04** DAYTIME PHONE: **772-299-3923**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR