FILED
Jun 30, 2004 8:00 am
Secretary of State
06-30-2004 90002 036 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000050665

1. Entity Name
BOARDWALK CAFE AND ICE CREAM CO.

54059315

Principal Place of Business	Mailing Address
4079 OCEAN DRIVE VERO BEACH, FL 32963	516 CONN WAY VERO BEACH, FL 32963

06162004 Chg-P CR2E034 (10/03)

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	Zip: 32962 / Country: USA

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

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] Marty R. Webb 6/16/04
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
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.

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
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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: [signature] MARTY R. WEBB 6/16/04 772-299-3923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #