

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90080 014 ***150.00

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1. Entity Name

ANYTIME ICE (FLORIDA), INC.



Principal Place of Business

2712 N.W. 29 TERRACE
OAKLAND PARK FL 33311

Mailing Address

2712 N.W. 29 TERRACE
OAKLAND PARK FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0854281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERMELSTEIN, STUART S ESQ.
100 SOUTHEAST SECOND ST.
SUITE 2600
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Timothy LEONARD

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

2712 N.W. 29th Terrace

City OAKland Park

FL

Zip Code 33311

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.

Timothy J. LEONARD President

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 VTS ☐ Delete
NAME LEONARD, TIMOTHY
STREET ADDRESS 2712 N.W. 29 TERRACE
CITY-ST-ZIP OAKLAND PARK FL 33311

TITLE VP ☐ Delete
NAME LEONARD, LAUREN
STREET ADDRESS 2712 NW 29TH TERRACE
CITY-ST-ZIP OAKLAND PARK FL 33311

TITLE VPO ☐ Delete
NAME HALE, KIRK KYLE
STREET ADDRESS 2712 N.W. 29 TERRACE
CITY-ST-ZIP OAKLAND PARK FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. LEONARD President 3-29-04

Date

Daytime Phone #

954-1-2-2484