

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048944

FILED
Apr 27, 2009
Secretary of State

Entity Name: FIRE & ICE, INC.

Current Principal Place of Business:

962 BARCARMIL WAY
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

962 BARCARMIL WAY
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 65-0930287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSLEY, KAREY
9420 FOUNTAIN MEDICAL CT
SUITE 101
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

HENSLEY & COMPANY PA
9420 FOUNTAIN MEDICAL CT
SUITE 101
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: HENSLEY & COMPANY PA

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTs () Delete
Name: VIETS, HEIKO
Address: 962 BARCARMIL WAY
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: VIETS, SONJA
Address: 962 BARCARMIL WAY
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREY REBELLO

AGEN

04/27/2009

Electronic Signature of Signing Officer or Director

Date