

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90041 036 ***150.00

34017010



DOCUMENT # P99000058540 1. Entity Name ICE COLD AIR OPERATIONS, INC.																																			
Principal Place of Business 1196 COURT STREET CLEARWATER, FL 33756		Mailing Address 1196 COURT STREET CLEARWATER, FL 33756																																	
2. Principal Place of Business 28050 US Hwy 19 N Suite 310 Clearwater, FL 33761 USA		3. Mailing Address 28050 US Hwy 19 North Suite 310 Clearwater, FL 33761 USA																																	
4. FEI Number 61-1430040		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)																																	
6. Name and Address of Current Registered Agent DICKSON, E. KATHRYN 1196 COURT STREET CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Dickson, E. Kathryn Street Address (P.O. Box Number is Not Acceptable) 28050 US Hwy 19 North Suite 310 City Clearwater FL Zip Code 33761																																	
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 <u><i>E. Kathryn Dickson</i></u> EK DICKSON, PRES <u>1/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 80%;">DICKSON, E. KATHRYN</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>1196 COURT STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>CLEARWATER, FL 33756</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P	DICKSON, E. KATHRYN	<input type="checkbox"/> Delete	NAME		1196 COURT STREET		STREET ADDRESS		CLEARWATER, FL 33756		CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 80%;">Dickson, E. Kathryn</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>28050 US Hwy 19 North, Ste 310</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Clearwater, FL 33761</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P	Dickson, E. Kathryn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		28050 US Hwy 19 North, Ste 310		STREET ADDRESS		Clearwater, FL 33761		CITY-ST-ZIP			
TITLE	P	DICKSON, E. KATHRYN	<input type="checkbox"/> Delete																																
NAME		1196 COURT STREET																																	
STREET ADDRESS		CLEARWATER, FL 33756																																	
CITY-ST-ZIP																																			
TITLE	P	Dickson, E. Kathryn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																
NAME		28050 US Hwy 19 North, Ste 310																																	
STREET ADDRESS		Clearwater, FL 33761																																	
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: <u><i>E. Kathryn Dickson</i></u> pres EK DICKSON PRES <u>1/14/04</u> 727 726 2577 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			