## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attackme.

SIGNATURE:

## Mar 12, 2007 08:00 A Secretary of State **DOCUMENT # S33067** 1. Entity Name NAPLES ICE EQUIPMENT COMPANY Principal Place of Business Mailing Address 1901 J & C BLVD 1901 J & C BLVD NAPLES, FL 34109 NAPLES, FL 34109 01222007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0256405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALBERT, JAMES P: -DO NOT WRITE 1901 J & C BLVD NAPLES, FL 33942 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ALBERT, JAMES P 556 IBIS WAY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 000000663259 03/21/07-80045-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 12. I hereby certify that the information supp indicated on this report or supplement of the corporation or the receiver or the 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 weged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**