

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # V03183
 1. Entity Name
 KIRK'S ICE, INCORPORATED



Principal Place of Business: 405 WILLIAMS AVE, PORT ST. JOE, FL 32456
 Mailing Address: 1106 MONUMENT AVENUE, PORT ST. JOE, FL 32456



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3101151
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ABRAMS, EDWARD E
 1106 MONUMENT AVE
 PORT ST. JOE, FL 32456

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000290525
 04/06/05-80069-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABRAMS, ALINE V.
STREET ADDRESS	1106 MONUMENT AVENUE
CITY-ST-ZIP	PORT ST. JOE, FL
TITLE	D
NAME	ABRAMS, EUGENE
STREET ADDRESS	1106 MONUMENT AVE
CITY-ST-ZIP	PT. ST. JOE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Eugene Abrams Eugene Abrams 3-17-05 (850)227-1732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #