


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # V37528					
1. Entity Name ICEMEN PLUS, INC.					
Principal Place of Business 711 WESLEY AVE TARPON SPRINGS FL 34689 US			Mailing Address P.O. BOX 2365 PALM HARBOR FL 34682-2365 US		
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 59-3125768	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPICER, RANDEL L. 711 WESLEY AVE TARPON SPRINGS FL 34689				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPICER, RANDEL L.	NAME			
STREET ADDRESS	1437 PENNSYLVANIA AVE.	STREET ADDRESS			
CITY - ST - ZIP	PALM HARBOR FL	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPICER, TARA A.	NAME			
STREET ADDRESS	1437 PENNSYLVANIA AVE.	STREET ADDRESS			
CITY - ST - ZIP	PALM HARBOR FL	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Tara A Spicer</i> Tara A Spicer					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4-26-05 Daytime Phone # 727-785-47	



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3125768**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPICER, RANDEL L.
711 WESLEY AVE
TARPON SPRINGS FL 34689**

Name

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

City

FL

Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SPICER, RANDEL L.**
STREET ADDRESS **1437 PENNSYLVANIA AVE.**
CITY - ST - ZIP **PALM HARBOR FL**

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

TITLE **D** ☐ Delete
NAME **SPICER, TARA A.**
STREET ADDRESS **1437 PENNSYLVANIA AVE.**
CITY - ST - ZIP **PALM HARBOR FL**

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

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SIGNATURE: *Tara A Spicer* Tara A Spicer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #