

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V37528

Entity Name: ICEMEN PLUS, INC.

FILED  
Apr 24, 2012  
Secretary of State

**Current Principal Place of Business:**

6543 GOVERNORS DR  
N  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4114  
HOLIDAY, FL 34692 US

**New Mailing Address:**

FEI Number: 59-3125768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPICER, RANDEL L.  
6543 GOVERNORS DRIVE  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SPICER, RANDEL L.  
Address: 6543 GOVERNORS DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D  
Name: SPICER, TARA A.  
Address: 6543 GOVERNOR'S DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: TARA A SPICER

D

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date