

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005584

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ICE CUBE ENTERPRISES INC.

**Current Principal Place of Business:**

24573 COUNTY RD. 125 NORTH  
SANDERSON, FL 32087

**New Principal Place of Business:**

**Current Mailing Address:**

24573 COUNTY RD. 125 NORTH  
SANDERSON, FL 32087

**New Mailing Address:**

**FEI Number:** 26-1666301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, JAMES E  
24573 COUNTY RD. 125 NORTH  
SANDERSON, FL 32087 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: P  
Name: WALKER, JAMES E  
Address: 14485 COUNTY ROAD 122  
City-St-Zip: SANDERSON, FL 32087

Title: VST  
Name: HODGES, ROSINA P  
Address: 14886 NE 170TH TERRACE  
City-St-Zip: RAIFORD, FL 32083

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: JAMES E. WALKER

PRES

04/28/2011

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

\_\_\_\_\_ Date