


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 198776**  
 1. Entity Name  
**THE IDLEWYLD CORPORATION, INC.**



Principal Place of Business 662 AZALEA LN P.O. BOX 1117 VERO BEACH, FL 32961-1117 US	Mailing Address 3055 CARDINAL DRIVE SUITE 202 VERO BEACH, FL 32963 US
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**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1961234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

COLLINS, BROWN & CALDWE C  
 756 BEACHLAND BOULEVARD  
 VERO BEACH, FL 32963

**DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OUGHTRED, G.F. 8860 N SEA OAKS WAY, #109 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUGHTRED, WILLIAM E 1900 DUNDAS ST. W, #245 MISSISSAUGA, ON, CANADA, 15k 1p9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUGHTRED, R W 662 AZALEA LN VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUGHTRED, JOAN 8860 N SEA OAKS WAY, #109 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVENS, STEPHEN 1900 DUDNAS ST. W, #245 MISSISSAUGA, ON, CANDADA, 1dk 1p9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/22/05-80028-012 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Neil O. Cento*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #