


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 198776 1. Entity Name THE IDLEWYLD CORPORATION, INC.	
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Principal Place of Business 3035 CARDINAL DR STE. 202 VERO BEACH, FL 32963 US	Mailing Address 3055 CARDINAL DRIVE SUITE 202 VERO BEACH, FL 32963 US
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	SD OUGHTRED, RICHARD 1900 DUNDAS ST. W., STE. 245 MISSISSAUGA, ONTARIO, CA 15k 1p9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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, LINDY 1900 DUNDAS ST. W. STE. 245 MISSISSAUGA, ONTARIO, CA 1pk 1p9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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02/06/08-80050-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 in all other like empowered

SIGNATURE: _____ **DATE:** JAN 16 / 08 **DAYTIME PHONE #:** (904) 822-5699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR