


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90097 047 ***150.00

DOCUMENT # 388418
 1. Entity Name
IDLEWHILE, INC.



Principal Place of Business
1616 S. 14TH ST
P O BOX 491046
LEESBURG, FL 34749-0300 US

Mailing Address
P.O. BOX 490180
LEESBURG, FL 34749-0180 US

2. Principal Place of Business
1616 South 14th Street
 Suite, Apt. #, etc.
P.O. Box 490180
 City & State
Leesburg, FL
 Zip
34749-0180 Country
US

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

04192004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1414488 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
GREGG, F BROWNE
1616 S 14TH STREET PO BOX 490300
LEESBURG, FL 34748

7. Name and Address of New Registered Agent
 Name
F. Browne Gregg
 Street Address (P.O. Box Number is Not Acceptable)
1616 South 14th Street
 City
Leesburg FL Zip Code
34748

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 **F. Browne Gregg (President/Director)** *F. Browne Gregg* DATE **4/19/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREGG, F. BROWNE 1616 S 14TH ST LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *F. Browne Gregg* DATE **4/19/04** (352) 365-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

F. Browne Gregg (President / Director)