2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # J27438  1. Entity Name IDLEWOODS, INC.				Mar 01, 2004 08:00 AM Secretary of State
Principal Place of Business 1901 S TAMIAMI TRAIL STE D VENICE FL 34293 US		Mailing Address 1901 S. TAMIAMI TRAIL SUITE D VENICE FL 34293 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-2712125 Applied For Not Applicable
Zip	Country	Zıp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
274	RMEULEN, MICHAEL J 5 FIESTA DR NICE FL 34293		Street Addres	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
signature	suppose a named entity submits this statement tons of registered agent.  Suppose Typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550. k Payable to Florida Department.	meules agent and title il applicable (N	Its registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept  2/07/04  ured when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees
10.	<del></del>	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS VERMEULEN, MICHAEL J. 2745 FIESTA DR. VENICE FL	☐ Delete	NAME STREET ADDRESS CITY -SI - ZIP	☐ Change ☐ Addition U00000072030 03/01/04-80094-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERMEULEN, CYNTHIA L. 2745 FIESTA DRIVE VENIGE FL	☐ Delete	TITLE NAME STREET ADDRESS CRY-SY-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby indicated of the conchanged	certify that the information supplied on this report or supplemental report or supplemental report or trustee of the contract of the receiver of trustee of the contract of the contract of the contract of the contract of the certification of	with this filing does not qualify ort is true and accurate and the empowered to execute this rep ess, with all other like empower	for the exemption stated in at my signature shall have to cort as required by Chapter ed.	n Section 119.07(3)(i). Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

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