

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000084969

1. Entry Name  
IDS SYSTEMS, INC.



Principal Place of Business  
857 SARNO ROAD  
MELBOURNE, FL 32935-5027

Mailing Address  
857 SARNO ROAD  
MELBOURNE, FL 32935-5027



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3674737

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FUFIDIO, MICHAEL V  
205 SECOND AVE  
MELBOURNE BEACH, FL 32951

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FUFIDIO, MICHAEL V  
STREET ADDRESS 205 SECOND AVE  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE D  
NAME BALDASSARRE, GIUSEPPE  
STREET ADDRESS 907 S RIVERSIDE DR  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000373860  
07/21/05-80002-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Michael V. Fufidio* MICHAEL V. FUFIDIO 7-18-05 321-951-9962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #