

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42450

FILED
Jul 01, 2004
Secretary of State

Entity Name: IDEAL COLLECTION SERVICES INC.

Current Principal Place of Business:

5223 A EHRLICH RD.
#C
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 272407
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-3127172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, III, CHARLES V ESQ
307 S. FIELDING AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: FOUGEROUSSEE, SHELLY
Address: 5223-A EHRLICH RD
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: FOURGEROUSEE, DANIEL
Address: 5223-A EHRLICH RD
City-St-Zip: TAMPA, FL 33624

Title: M () Delete
Name: PRESTI, ANTHONY
Address: 5223-A ERHLICH RD
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: THOMPSON, BRADY
Address: 5223-A ERHLICH RD
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLY FOUGEROUSSEE

PTS

07/01/2004

Electronic Signature of Signing Officer or Director

Date