

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 198776

1. Entity Name
THE IDLEWYLD CORPORATION, INC.



Principal Place of Business

662 AZALEA LN
P.O. BOX 1117
VERO BEACH, FL 32961-1117 US

Mailing Address

3055 CARDINAL DRIVE
SUITE 202
VERO BEACH, FL 32963 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1961234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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
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

TITLE	PD
NAME	OUGHTRED, G.F.
STREET ADDRESS	8860 N SEA OAKS WAY, #109
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	OUGHTRED, WILLIAM E
STREET ADDRESS	1900 DUNDAS ST. W, #245
CITY-ST-ZIP	MISSISSAUGA, ON, CANADA, 15k 1p9
TITLE	D
NAME	OUGHTRED, R W
STREET ADDRESS	662 AZALEA LN
CITY-ST-ZIP	VERO BCH, FL
TITLE	D
NAME	OUGHTRED, JOAN
STREET ADDRESS	8860 N SEA OAKS WAY, #109
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	LEAVENS, STEPHEN
STREET ADDRESS	1900 DUDNAS ST. W, #245
CITY-ST-ZIP	MISSISSAUGA, ON, CANDADA, 1dk 1p9
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/04-80081-006 150.00

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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)(f), 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:

G. F. Oughtred PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/01/04

Date

7724920106

Daytime Phone #