

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 198776

1. Entity Name
THE IDLEWYLD CORPORATION, INC.



Principal Place of Business

3035 CARDINAL DR
STE. 202
VERO BEACH, FL 32963 US

Mailing Address

3055 CARDINAL DRIVE
SUITE 202
VERO BEACH, FL 32963 US



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	OUGHTRED, RICHARD
STREET ADDRESS	1900 DUNDAS ST. W., STE. 245
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CA 15k 1p9
TITLE	PD
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, LINDY
STREET ADDRESS	1900 DUNDAS ST. W. STE. 245
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CA 1pk 1p9
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000671672
03/28/07-80038-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCH 13 07 (905) 822-5677