

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 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



01092008 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 <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLLINS, BROWN & CALDWELL
756 BEACHLAND BOULEVARD
VERO BEACH, FL 32963

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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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 1p9
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/06/08-80050-024 150.00

**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 of all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 16/08
Date

(904) 822-5694
Daytime Phone #