

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90097 047 ***150.00

DOCUMENT # 388418 1. Entity Name IDLEWHILE, INC.					
Principal Place of Business 1616 S. 14TH ST P.O. BOX 491046 LEESBURG, FL 34749-0300 US				Mailing Address P.O. BOX 490180 LEESBURG, FL 34749-0180 US	
2. Principal Place of Business 1616 South 14th Street Suite, Apt. #, etc. P.O. Box 490180 City & State Leesburg, FL Zip 34749-0180		3. Mailing Address Suite, Apt. #, etc. City & State Zip US			
4. FEI Number 59-1414488				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGG, F BROWNE 1616 S 14TH STREET P.O. BOX 490300 LEESBURG, FL 34748				7. Name and Address of New Registered Agent Name F. Browne Gregg Street Address (P.O. Box Number is Not Acceptable) 1616 South 14th Street City Leesburg	
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 F. Browne Gregg (President/Director) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/19/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME GREGG, F. BROWNE STREET ADDRESS 1616 S 14TH ST CITY-ST-ZIP LEESBURG, FL 34748	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: F. Browne Gregg <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/19/04	
F. Browne Gregg (President / Director)				(352) 365-6522 <small>Daytime Phone #</small>	