


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90163 032 ***150.00

DOCUMENT # 845202 1. Entity Name PW IDLEWILD CORPORATION	
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Principal Place of Business 800 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07087	Mailing Address 800 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07087
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54052819



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3020129	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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 NAME STREET ADDRESS CITY - ST - ZIP	P DYER, STEPHEN 800 HARBOR BLVD WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAUGHLING, EILEEN M 800 HARBOR BLVD WEEHAWKEN, NJ 07087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT LEVINE, KEN 800 HARBOR BLVD WEEHAWKEN, NJ 07087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BENYAI, GERALDINE L 800 HARBOR BLVD WEEHAWKEN, NJ 07087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT DEVICO, LOU 800 HARBOR BLVD WEEHAWKEN, NJ 07087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(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:  **LOUIS DEVICO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 **(201) 352-0559**
Date Daytime Phone #