


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90469 002 \*\*\*150.00

**DOCUMENT # F97000004569**  
 1. Entity Name  
**IDLE, INC.**



Principal Place of Business Mailing Address  
**452 W. DEARBORN ST.** ~~**232 BAHIA VISTA DRIVE**~~  
**ENGLEWOOD FL 34223** **ENGLEWOOD FL 34223**

**34053699**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **452 W. Dearborn St**  
 City & State **Englewood FL**



MOORE CR2E034 (11/03)

4. FEI Number **85-0425126** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GARRISON, CATHERINE V**  
**232 BAHIA VISTA DRIVE**  
**ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	DP <input type="checkbox"/> Delete GARRISON, CATHERINE V <del>232 BAHIA VISTA DRIVE</del> ENGLEWOOD FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete GARRISON, VICTOR C <del>232 BAHIA VISTA DRIVE</del> ENGLEWOOD FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Catherine Garrison **Catherine Garrison** **5.7.04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **941-460-1829**

Attachment

57053699

#F97000004569

Wish You Were Here  
Island Shop

5/7/04

To Whom it may concern,

I Catherine Garrison of IDLE, INC

DBA: 'Wish You Were Here' a  
retail shop, received the 2004  
For profit Corp. Annual Report Form  
on May 7<sup>th</sup> 2004. By receiving  
this form on May 7<sup>th</sup> it has  
made it impossible to fill out  
and send in by May 1st.  
Therefore, please accept my  
check for \$150.00.

Thank you for your  
attention to this.

Cathy Garrison