



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K86224</b> 1. Entity Name <b>IDEAL CONSTRUCTING, INC.</b>	
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Principal Place of Business <b>811 AIRPORT RD DESTIN, FL 32541 US</b>	Mailing Address <b>5100 OMEGA DR. SAUGET, IL 62206 US</b>
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02212007	No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-2949139</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>LABRIER, CORDELL 811 AIRPORT RD DESTIN, FL 32541</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000649904 03/07/07-80071-001 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LABRIER, CORDELL 811 AIRPORT RD DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV LABRIER, PAMELA K. 811 AIRPORT RD DESTIN, FL
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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.	
<b>SIGNATURE:</b> <u>Pamela K Labrier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2-23-07</u> <u>618.3373400</u> <small>Date Daytime Phone #</small>