

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L09489 (0)**

1. Corporation Name
IDEA BUILDERS, INC.



Principal Place of Business
**2032 STRATFORD DR.
P.O. BOX 1729
DELAND FL 32724
US**

Mailing Address
**P.O. BOX 74776
P.O. BOX 1729
ORANGE CITY FL 32763
US**

3. Date Incorporated or Qualified **08/15/1989** 3a. Date of Last Report **01/23/1995**

4. FEI Number **65-0141015** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **2032 Stratford Dr** 2a. Mailing Address
26 **2032 Stratford Dr**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Deland, Fl.** 28 **Deland, Fl.**

24 **32724** 25 **Volusia** 29 **32724** 30 **Volusia**

9. Name and Address of Current Registered Agent
**GREENWOOD, DEAN
2032 STRATFORD DR.
STUART FL 34996**

10. Name and Address of New Registered Agent
81 Name **D. Dean Greenwood**
82 Street Address (P.O. Box Number is Not Acceptable) **2032 Stratford Dr**
83
84 City **Deland** FL 85 Zip Code **32724**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **D. Dean Greenwood** **President** **April 20, 1996**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	GREENWOOD, D. DEAN	
STREET ADDRESS	2032 STRATFORD DR.	
CITY-ST-ZIP	DELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREENWOOD, D. DEAN	
STREET ADDRESS	2032 STRATFORD DR.	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **D. Dean Greenwood** **Pres.** **April 20, 1996** **904 738 0221**
Signature and typed or printed name of signing officer or director Date Day(s) of Phone #

CR2E034 (12/95)