

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 019 ***158.75

DOCUMENT # L64717

1. Entity Name
IDEAL HOMES, INC.



Principal Place of Business
**2414 TAMiami TrL
UNIT C
PORT CHARLOTTE, FL 33952 US**

Mailing Address
**2414 TAMiami TrL
UNIT C
PORT CHARLOTTE, FL 33952 US**



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0183463

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, BRIAN L.
710 HARBOUR DR.
2477 HARBOR DRIVE
PUNTA GORDA, FL 33983**

**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, 2006 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 | PD ADAMO, ROBERT 320 FLETCHER ST PORT CHARLOTTE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ALAREZ, WILLIAM 534 PHLODENDRON ST. PUNTA GORDA, FL 33955 <i>VD BRIAN L. MARTIN 2477 HARBOUR DR. PUNTA GORDA, FL</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MARTIN, BRIAN L. 2477 HARBOUR DRIVE PUNTA GORDA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Adamo - Robert **ADAMO-ROBERT** 3-5-06 941-6250260