

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90328 048 \*\*\*150.00

**DOCUMENT # P00000017570**

1. Entity Name  
**IDEA INTEGRATION CORP.**



Principal Place of Business  
**ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202**

Mailing Address  
**ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3626439**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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  
**VPOT  
ROBINSON, GERALD  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPT  
CROUCH, ROBERT  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
TUTOR, TYRA  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
HOLLAND, GREGORY D  
ONE INDEPENDENT DR  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
MARSHALL, JOHN L III  
ONE INDEPENDENT DR  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DR  
PAYNE, TIMOTHY D  
ONE INDEPENDENT DR  
JACKSONVILLE, FL 32202**

*Please  
see  
attached*

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:**

*Gerald Robinson*  
**Gerald Robinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*904-260-2704*

Attachment PO00000017570  
14013853

**Idea Integration Corp.  
Officers and Directors**

Title	Name	Business Address
Sr. Vice President Treasurer	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Vice President & Secretary	Greg Holland	One Independent Drive Jacksonville, FL 32202
Asst Secretary	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
Asst Secretary	John Marshall III	One Independent Drive Jacksonville, FL 32202
President & CEO	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
<del>VP-Tax, Risk Management &amp; Facility Security Officer</del>	<del>Gerald Robinson</del>	<del>One Independent Drive Jacksonville, FL 32202</del>
Director	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Director	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
Director	Greg Holland	One Independent Drive Jacksonville, FL 32202