

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 021 ***150.00

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1. Entity Name
IDEA INTEGRATION CORP.



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

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

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

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, 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
**SVPT
CROUCH, ROBERT
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**VPT
ROBINSON, GERALD
ONE INDEPENDENT DR
JACKSONVILLE, FL 32202**

**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 #

(904) 360-2704