

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90017 028 ***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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME HOLLAND, GREG
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gerald Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-07

904-360-2704