

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90216 019 ***150.00

DOCUMENT # P01000097671

1. Entity Name

I.D.A. (IDEA) CORP.



Principal Place of Business

150 ART LANE
SANFORD FL 32773

Mailing Address

150 ART LANE
SANFORD FL 32773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3564877

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESTERA, EUGENE M
150 ART LANE
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

EUGENE M PRESTERA

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

163 LAKE CIRCLE

City

SANFORD

FL

Zip Code

32773

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

4-26-2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CEO
NAME PRESTERA, EUGENE M.
STREET ADDRESS 150 ART LANE
CITY-ST-ZIP SANFORD FL 32773 ☒ Delete

TITLE VP
NAME PRESTERA, LIGIA M
STREET ADDRESS 308 MACGREGOR ROAD
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☒ Delete

TITLE S
NAME PRESTERA, EUGENE F
STREET ADDRESS 308 MACGREGOR ROAD
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE CEO
NAME JOHN A. PRESTERA
STREET ADDRESS 1010 WINDERLY DR. #145
CITY-ST-ZIP MAITLAND, FL 32751 ☐ Change ☒ Addition

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Prestera

Date

Daytime Phone #

4-26-2004 407-330-2128