

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90018 017 \*\*\*150.00

**DOCUMENT # P02000117000**

1. Entity Name

IDEAL FLUIDS, INC.



Principal Place of Business

5536 INDEPENDENCE CT.  
UNIT-A  
PUNTA GORDA FL 33982  
US

Mailing Address

5536 INDEPENDENCE CT.  
UNIT-A  
PUNTA GORDA FL 33982  
US

2. Principal Place of Business

11129 LAKELAND CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

11129 LAKELAND CIRCLE

Suite, Apt. #, etc.

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS

Zip

33913

Country

USA

Zip

33913

Country

USA

4. FEI Number

14-1871069

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

TARANCON, GREGORIO III  
11129 LAKELAND CIRCLE  
FORT MYERS FL 33913

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, 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 P ☐ Delete  
NAME TARANCON, GREGORIO III  
STREET ADDRESS 11129 LAKELAND CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33913

TITLE VP ☒ Delete  
NAME ROLAND, GEORGE R  
STREET ADDRESS 5475 WILLIAMSBURG DRIVE  
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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:

*Tarancon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 - 94/2250487

Date

Daytime Phone #