

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000117000**

1. Entity Name  
**IDEAL FLUIDS, INC.**



Principal Place of Business  
**11129 LAKELAND CIRCLE  
FORT MYERS, FL 33913 US**

Mailing Address  
**11129 LAKELAND CIRCLE  
FORT MYERS, FL 33913 US**

**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>14-1871069</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**TARANCON, GREGORIO III  
11129 LAKELAND CIRCLE  
FORT MYERS, FL 33913**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TARANCON, GREGORIO III
STREET ADDRESS	11129 LAKELAND CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	V
NAME	TARANCON, JULIAN
STREET ADDRESS	118 RIVERA ST
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80024-006 158.75

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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:** GREGORIO TARANCON 2/08/08 863 6752939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #