

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000045994		
1. Entity Name IDEAL KIOSK CORPORATION		
Principal Place of Business 8440 ULMERTON RD STE 516 LARGO, FL 33771		Mailing Address 8440 ULMERTON RD STE 516 LARGO, FL 33771
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STONEBURNER, BARRY & SIMMONS, PA ONE INDEPENDENT DR. SUITE 2000 JACKSONVILLE, FL 32202		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS KASPER, HARVEY L II 2914 PINE CONE CIRCLE CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT GILPATRICK, GEORGE V 3416 CIRCLE RIDGE DR. ORANGE PARK, FL 32065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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:  4/22/05 90A 276AD2D <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		