

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045994

FILED
Apr 30, 2009
Secretary of State

Entity Name: IDEAL KIOSK CORPORATION

Current Principal Place of Business:

14520 60TH ST. N.
CLEARWATER, FL 337602711

New Principal Place of Business:

Current Mailing Address:

PO BOX 7027
JACKSONVILLE, FL 322380027

New Mailing Address:

14520 60TH ST. N.
CLEARWATER, FL 337602711

FEI Number: 43-2011586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONEBURNER, BARRY & SIMMONS, PA
ONE INDEPENDENT DR.
SUITE 2000
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: KASPER, HARVEY L II
Address: 2914 PINE CONE CIRCLE
City-St-Zip: CLEARWATER, FL 33760

Title: VDT () Delete
Name: GILPATRICK, GEORGE V
Address: 3416 CIRCLE RIDGE DR.
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY L. KASPER II

PDS

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date