2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P03000078822 1. Entity Name 04-30-2004 90354 024 ***150.00 IDA'S IDEAS, INC. Principal Place of Business Mailing Address 3641 FORT PEYTON CIRCLE 3641 FORT PEYTON CIRCLE ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 51-6475317 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SOUTHWEST 22 STREET, 4TH FLOOR **MIAMI FL 33145** City 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. 🗄 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 roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition YEAGLEY II. GARY R NAME NAME 3641 FORT PEYTON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32086 CITY-ST-ZIP **DVPS** ☐ Delete Change Addition TITLE TITLE SMITH, RANDY M NAME NAME STREET ADDRESS 3641 FORT PEYTON CIRCLE STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.