

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056689

Entity Name: IDEAL KITCHENS, INC.

FILED
Feb 14, 2008
Secretary of State

Current Principal Place of Business:

2325 SE 8TH TERRACE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT D. ROYSTON, JR.
PO DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

C/O JOHN M WICKER, P.A.
PO DRAWER 60205
FORT MYERS, FL 33906

FEI Number: 56-2449906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907 US

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: JOHN M. WICKER

02/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SIMON, JOHN H
Address: 2325 SE 8TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: ST () Delete
Name: PELIER, MEREIDA
Address: 2325 SE 8TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: V (X) Delete
Name: LAPENTA, GUY SR
Address: 1329 SE VAN LOON TERRACE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN H. SIMON

PRES

02/14/2008

Electronic Signature of Signing Officer or Director

Date