


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P04000057869		
1. Entity Name IDEAL MANAGEMENT SERVICES, INC.		
Principal Place of Business P.O. BOX 56 616 NORTH MAYO STREET CRYSTAL BEACH, FL 34681	Mailing Address P.O. BOX 56 616 NORTH MAYO STREET CRYSTAL BEACH, FL 34681	



02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0899216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DINGESS, ROBERT L  
P.O. BOX 56  
616 NORTH MAYO STREET  
CRYSTAL BEACH, FL 34681

**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 FL DEPT OF REV (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD DINGESS, ROBERT L P.O. BOX 56 CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINGESS, SHERRY L P.O. BOX 56 CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD CULLEN, SHANNA L 640 ORANGE STREET PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000864137  
04/04/08-80001-017 150.00

**DO NOT WRITE IN THIS SPACE**

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: Robert L Dingess ROBERT L DINGESS CEO 787-743-0749  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #