

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057869

FILED  
Mar 01, 2012  
Secretary of State

**Entity Name:** IDEAL MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

616 NORTH MAYO STREET  
CRYSTAL BEACH, FL 34681

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-0899216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DINGESS, ROBERT L  
616 NORTH MAYO STREET  
CRYSTAL BEACH, FL 34681 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: DINGESS, ROBERT L  
Address: P.O. BOX 56  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: TD  
Name: DINGESS, SHERRY L  
Address: P.O. BOX 56  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: COOD  
Name: CULLEN, SHANNA L  
Address: 350 OCEANVIEW AVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: COOD  
Name: DINGESS, ROBERT II  
Address: PO BOX 52  
City-St-Zip: CRYSTAL BEACH, FL 34681

I hereby 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 all other like empowered.

SIGNATURE: ROBERT DINGESS

CEO

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date