

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90039 044 \*\*\*150.00

<b>DOCUMENT # P04000085379</b> 1. Entity Name <b>JEREMY IDE, P.A.</b>					
Principal Place of Business <b>6368 SEDONA LEAF COURT SUITE 100 WINDERMERE, FL 34786 US</b>			Mailing Address <b>6368 SEDONA LEAF COURT SUITE 100 WINDERMERE, FL 34786 US</b>		
2. Principal Place of Business <b>6208 Crescent Moon Ct.</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Windermere, FL</b> Zip Country <b>34786 Orange</b>		3. Mailing Address <b>6208 Crescent Moon Ct.</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Windermere, FL</b> Zip Country <b>34786 Orange</b>		<b>40093522</b> 	
4. FEI Number <b>20-1235894</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>IDE, JEREMY 6368 SEDONA LEAF COURT WINDERMERE, FL 34786</b>			7. Name and Address of New Registered Agent Name <b>Ide, Jeremy</b> Street Address (P.O. Box Number is Not Acceptable) <b>6208 Crescent Moon Ct.</b> <b>Suite 100</b> <b>Windermere FL 34786</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P IDE, JEREMY 6368 SEDONA LEAF COURT WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Ide, Jeremy 6208 Crescent Moon Ct., Suite 100 Windermere, FL 34786</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>5/14/06</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					