

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105693

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

616 NORTH MAYO STREET  
CRYSTAL BEACH, FL 34681

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 56  
616 N MAYO STREET  
CRYSTAL BEACH, FL 34681

**New Mailing Address:**

**FEI Number:** 20-1345236      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DINGESS, ROBERT L  
616 N 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** DINGESS, ROBERT L  
**Address:** PO BOX 56  
**City-St-Zip:** CRYSTAL BEACH, FL 34681

**Title:** MGR  
**Name:** MARTINS, JOSEPH  
**Address:** 419 ORIOLE CIRCLE  
**City-St-Zip:** PALM HARBOR, FL 34683

**Title:** T  
**Name:** DINGEES, SHERRY L  
**Address:** P.O. BOX 56  
**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 L DINGESS

DIR

04/27/2010

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

\_\_\_\_\_  
Date