2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90312 014 ***150.00

DOCUMENT # P04000120929

1. Entity Name
NEW IDEA REALTY, INC.

Principal Place of Business	Mailing Address
11351 TURTLE DOVE PLACE NEW PORT RICHEY, FL 34654	11351 TURTLE DOVE PLACE NEW PORT RICHEY, FL 34654

03062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11351 TURTLE DOVE PL	PO BOX 958
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY FL	City & State: PORT RICHEY FL
Zip: 34654 Country: PASCO	Zip: 34673 Country: PASCO

4. FEI Number 54-2158922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, DOMINIC J
11351 TURTLE DOVE PLACE
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	PRESIDENT DOMINIC J COLLINS 11351 TURTLE DOVE PLACE NEW PORT RICHEY FL. 34654	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	SECRETARY CHRISTINE E COLLINS 11351 TURTLE DOVE PLACE NEW PORT RICHEY FL 34654	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dominic J Collins President DOMINIC J. COLLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #