


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 05, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P04000120929</b> 1. Entity Name <b>NEW IDEA REALTY, INC.</b>	
--	---

Principal Place of Business <b>11351 TURTLE DOVE PLACE NEW PORT RICHEY, FL 34654</b>	Mailing Address <b>PO BOX 958 PORT RICHEY, FL 34673</b>
---	--



01312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2158922</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>COLLINS, DOMINIC J 11351 TURTLE DOVE PLACE NEW PORT RICHEY, FL 34654</b>
--

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE  
**02/13/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**02/13/07-80056-014 158.75**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COLLINS, DOMINIC J 11351 TURTLE DOVE PLACE NEW PORT RICHEY, FL 34654</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COLLINS, CHRISTINE E 11351 TURTLE DOVE PLACE NEW PORT RICHEY, FL 34654</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Dominic J Collins* **DOMINIC J COLLINS** 2/1/07 (727) 856-8525  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #