

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029574

FILED  
Jan 19, 2011  
Secretary of State

Entity Name: IDEALSPINE PRODUCTS & SERVICES INC

**Current Principal Place of Business:**

8406 MASSACHUSETTS AVE  
A-2  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

8406 MASSACHUSETTS AVE  
A-2  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

FEI Number: 20-2435809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERRANTELLI, JOSEPH R DC  
8406 MASSACHUSETTS AVE  
A-2  
NEW PORT RICHEY, FL 34653 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: P  
Name: FERRANTELLI, JOSEPH R DC  
Address: 8406 MASSACHUSETTS AVE STE A  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VP  
Name: FERRANTELLI, THERESA A MRS  
Address: 8406 MASSACHUSETTS AVE SUITE A-2  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: CFO  
Name: FERRANTELLI, LINDA J  
Address: 8406 MASSACHUSETTS AVE SUITE A-2  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: P  
Name: FERRANTELLI, JOSEPH G  
Address: 8406 MASSACHUSETTS AVE SUITE A-2  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: THERESA FERRANTELLI

VP

01/19/2011

Electronic Signature of Signing Officer or Director

Date