

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000092194

1. Entity Name
IDEAL CONSULTING OF SW FL, INC.



Principal Place of Business
1037 CAPRI DRIVE
NAPLES, FL 34103

Mailing Address
1037 CAPRI DRIVE
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-5169956

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WANDERON, THOMAS
809 WALKERBILT ROAD
5
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name LAURA RONCHETTI

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

1037 CAPRI DR.

City Naples

FL Zip Code 34103

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 *Laurea Ronchetti*

(NOTE: Registered Agent signature required when reinstating)

DATE 4/23/07

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RONCHETTI, LAURA
STREET ADDRESS 1037 CAPRI DRIVE
CITY-ST-ZIP NAPLES, FL 34103

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VP
NAME DEANGELIS, ROBERTO
STREET ADDRESS 1037 CAPRI DRIVE
CITY-ST-ZIP NAPLES, FL 34103

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
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CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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.

SIGNATURE *Laurea Ronchetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurea Ronchetti Pres 4/23/07-601-SM7

Date

Daytime Phone #

**FILED
Apr 27, 2007 8:00 am
Secretary of State**

04-27-2007 90188 013 ***150.00

