

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35630

FILED
Apr 16, 2008
Secretary of State

Entity Name: IDEACOM OF THE GULF COAST, INC.

Current Principal Place of Business:

26376 POLLARD RD
DAPHNE, AL 365262217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2217
DAPHNE, AL 365262217

New Mailing Address:

FEI Number: 63-1047210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: ROBB, JOHN
Address: 26376 POLLARD RD.
City-St-Zip: DAPHNE, AL 365262217

Title: S () Delete
Name: ROBB, BETTY
Address: 26376 POLLARD RD.
City-St-Zip: DAPHNE, AL 365262217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBB, JOHN PRES
Address: 26376 POLLARD RD.
City-St-Zip: DAPHNE, AL 365262217

Title: S (X) Change () Addition
Name: ROBB, BETTY VP
Address: 26376 POLLARD RD.
City-St-Zip: DAPHNE, AL 365262217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN K ROBB

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date