

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90085 022 \*\*\*158.75

**DOCUMENT # P40855**

1. Entity Name

AMERICAN IDEAS CORPORATION, INC.



Principal Place of Business

200 MADONNA BLVD  
TIERRA VERDE FL 33715

Mailing Address

200 MADONNA BLVD  
TIERRA VERDE FL 33715

2. Principal Place of Business

3300 39th Av S

3. Mailing Address

200 MADONNA Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TIERRA Verde

City & State

St Petersburg, FL

City & State

Florida

Zip

33712

Country

Pineillas

Zip

33715

Country

Pineillas



MOORE

CR2E034 (11/03)

4. FEI Number

39-1588776

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VOPAL, DEAN  
200 MADONNA BLVD  
TIERRA VERDE FL 33715

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | CDP                   | <input type="checkbox"/> Delete            |
| NAME           | VOPAL, DEAN           |                                            |
| STREET ADDRESS | 200 MADONNA BLVD      |                                            |
| CITY-ST-ZIP    | TIERRA VERDE FL       | Same                                       |
| TITLE          | T                     | <input checked="" type="checkbox"/> Delete |
| NAME           | VOPAL, DEAN           |                                            |
| STREET ADDRESS | 200 MADONNA BLVD      |                                            |
| CITY-ST-ZIP    | TIERRA VERDE FL 34228 |                                            |
| TITLE          | VCD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | VOPAL, JANENE         |                                            |
| STREET ADDRESS | 200 MADONNA BLVD      |                                            |
| CITY-ST-ZIP    | TIERRA VERDE FL 34228 |                                            |
| TITLE          | VS                    | <input checked="" type="checkbox"/> Delete |
| NAME           | VOPAL, JANENE         |                                            |
| STREET ADDRESS | 200 MADONNA BLVD      |                                            |
| CITY-ST-ZIP    | TIERRA VERDE FL 34228 |                                            |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |                                                                   |
|----------------|------------------------|-------------------------------------------------------------------|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ← Same                 |                                                                   |
| STREET ADDRESS |                        |                                                                   |
| CITY-ST-ZIP    |                        |                                                                   |
| TITLE          | Vice Pres              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ALAN VANCE             |                                                                   |
| STREET ADDRESS | 4163 48th Av S.        |                                                                   |
| CITY-ST-ZIP    | St Petersburg FL 33711 |                                                                   |
| TITLE          | Secretary              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LINDA VANCE            |                                                                   |
| STREET ADDRESS | 6303 Pasadena Blvd S   |                                                                   |
| CITY-ST-ZIP    | Gulf Port, FL 33707    |                                                                   |
| TITLE          | Treasurer              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JANENE VOPAL           |                                                                   |
| STREET ADDRESS | 200 MADONNA BLVD       |                                                                   |
| CITY-ST-ZIP    | TIERRA VERDE, FL 33715 |                                                                   |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                   |
| STREET ADDRESS |                        |                                                                   |
| CITY-ST-ZIP    |                        |                                                                   |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                   |
| STREET ADDRESS |                        |                                                                   |
| CITY-ST-ZIP    |                        |                                                                   |

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:**

JANENE VOPAL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

727-906-4646

Daytime Phone #