

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000009593

Entity Name: I.D.A. CORPORATION

FILED  
Jan 06, 2009  
Secretary of State

## Current Principal Place of Business:

912 HIALEAH STREET  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

912 HIALEAH STREET  
ROCKLEDGE, FL 32955

## New Mailing Address:

FEI Number: 65-0371535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRSNER, MARVIN A  
5100 TOWN CENTER CIR  
SUITE 400  
BOCA RATON, FL 33486 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: DP ( ) Delete  
Name: KIRSNER, STEVEN A  
Address: 912 HIALEAH ST  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T ( ) Delete  
Name: KIRSNER, IDA  
Address: 34 STAR ISLAND  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD ( ) Delete  
Name: KIRSNER, MARVIN A  
Address: 5100 TOWN CENTER CIR #400  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: KIRSNER, RONALD M  
Address: 5100 TOWN CENTER CIR #400  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: GOLBERG, DIANE K  
Address: 5100 TOWN CENTER CIR #400  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: KIRSNER, HARRY M  
Address: 5100 TOWN CENTER CIR #400  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN A. KIRSNER

DP

01/06/2009

Electronic Signature of Signing Officer or Director

Date