2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000086356

1. Entity Name
NEW IDEAS RESEARCH AND DEVELOPMENT, INC.

FILED
Apr 02, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
6310 BAYSIDE DR NEW PORT RICHEY, FL 34652 US	6310 BAYSIDE DR NEW PORT RICHEY, FL 34652 US

03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3225795
☐ Applied For
☐ Not Applicable

5. *Certificate of Status Desired* ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASON ASSOCIATES, P.A.
17757 US HIGHWAY 19 NORTH
MANGROVE BAY SUITE 500
CLEARWATER, FL 34624

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. *OFFICERS AND DIRECTORS*

TITLE	PD
NAME	POLZER, AL
STREET ADDRESS	6310 BAYSIDE DR
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	VP
NAME	POLZER, DWAYNE
STREET ADDRESS	6310 BAYSIDE DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/05-80057-015 158.75

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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: AL POLZER 3/30/05 (727) 846-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #