

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067977

FILED  
Jan 30, 2004  
Secretary of State

Entity Name: IDEAS - SPECIAL NEEDS CONSULTS, INC.

## Current Principal Place of Business:

118 NORTHMOOR ROAD  
CASSELBERRY, FL

## New Principal Place of Business:

118 NORTHMOOR ROAD  
CASSELBERRY, FL 32707-380

## Current Mailing Address:

118 NORTHMOOR ROAD  
CASSELBERRY, FL

## New Mailing Address:

FEI Number: 59-3276147      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSBORN, SANDRA  
118 NORTHMOOR ROAD  
CASSELBERRY, FL      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: PD ( ) Delete  
Name: OSBORN, SANDRA  
Address: 118 NORTHMOOR ROAD  
City-St-Zip: CASSELBERRY, FL

Title: VPST ( ) Delete  
Name: OSBORN, PETER D  
Address: 118 NORTHMOOR ROAD  
City-St-Zip: CASSELBERRY, FL

Title: D ( ) Delete  
Name: OSBORN, PETER D  
Address: 118 NORTHMOOR ROAD  
City-St-Zip: CASSELBERRY, FL

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA OSBORN

PD

01/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date