

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90001 041 ***150.00

DOCUMENT # P95000089821 1. Entity Name IDEAL COMPUTER SERVICES, INC.					
Principal Place of Business 2055-B N DALE MABRY HWY B TAMPA, FL 33607 US			Mailing Address 2055-B N DALE MABRY HWY B TAMPA, FL 33607 US		
2. Principal Place of Business 4201 W. Cypress Street Suite, Apt. #, etc.			3. Mailing Address 4201 W. Cypress Street Suite, Apt. #, etc.		
City & State Tampa, FL			City & State Tampa, FL		
Zip 33607		Country USA		4. FEI Number 59-3346395	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Lietz, Christopher C 2055-B N DALE MABRY HWY TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Christopher C. Lietz Street Address (P.O. Box Number is Not Acceptable) 4201 W. Cypress Street City Tampa FL Zip Code 33607		
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 <u><i>Christopher C. Lietz</i></u> Pres. 6-25-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIETZ, CHRISTOPHER C 2055-B N DALE MABRY HWY TAMPA, FL 33607	P Christopher C. Lietz 4201 W. Cypress Street Tampa, FL 33607			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Christopher C. Lietz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6-25-04</u> 813-872-8011 <small>Daytime Phone #</small>		

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And - ✓ #1106