

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90001 045 \*\*\*550.00



**DOCUMENT # P97000095298**  
 1. Entity Name  
**IDA BEACH, INC.**

Principal Place of Business      Mailing Address  
**LAKE IDA BEACH RESORT**      **LAKE IDA BEACH RESORT**  
**2624 N. U.S. HWY 17**      **2624 N. U.S. HWY 17**  
**WINTER HAVEN FL 33881**      **WINTER HAVEN FL 33881**  
~~US~~      **US**



2. Principal Place of Business      3. Mailing Address  
**PIPER RESTAURANT.**      **PIPER RESTAURANT.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**990 LA QUINTA BLVD.**      **990 LA QUINTA BLVD.**

2nd MOORE      CR2E034 (5/05)

City & State      City & State  
**WINTER HAVEN, FL.**      **WINTER HAVEN, FL.**  
 Zip      Country      Zip      Country  
**33881**      **USA**      **33881**      **USA**

4. FEI Number      Applied For  
**59-3480479**       Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**HALLOCK, DAVID D JR**  
**% LANE TROHN, ET.AL**  
**ONE LAKE MORTON DRIVE**  
**LAKELAND FL 33801**

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

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 7, 2005**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, MARGARET</b> <b>ONE LAKE MORTON DRIVE</b> <b>LAKELAND FL 33801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *M. Jackson*      *President, Ida Beach, Inc*      *863-299-1874*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      4/31/05      Daytime Phone #