

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90087 026 \*\*\*150.00

**DOCUMENT # P98000072642**

1. Entity Name  
IDRI, INC.



Principal Place of Business  
4620 NORTH HABANA AVE  
203  
TAMPA, FL 33614

Mailing Address  
PO BOX 152495  
TAMPA, FL 33684



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3528443

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STULL, R J  
602 SOUTH BOULEVARD  
TAMPA, FL 33606

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                                 |
|----------------|---------------------------------|
| TITLE          | D                               |
| NAME           | YANGCO, BIENVENIDO G            |
| STREET ADDRESS | 4728 N. HABANA AVENUE SUITE 303 |
| CITY- ST- ZIP  | TAMPA, FL 33614                 |
| TITLE          | D                               |
| NAME           | BOHAN-YANGCO, JADWIGA K         |
| STREET ADDRESS | 4728 N. HABANA AVENUE SUITE 303 |
| CITY- ST- ZIP  | TAMPA, FL 33614                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY- ST- ZIP  |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY- ST- ZIP  |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY- ST- ZIP  |                                 |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jadwiga K. Bohan-Yangco 1/24/07 (813) 88-4374