

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000105693

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC3931530314**

**Entity Name:** IDEAL MANAGEMENT SERVICES OF LAKE LAND, INC.

**Current Principal Place of Business:**

616 NORTH MAYO STREET  
CRYSTAL BEACH, FL 34681

**Current Mailing Address:**

PO BOX 56  
616 N MAYO STREET  
CRYSTAL BEACH, FL 34681

**FEI Number:** 20-1345236

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DINGESS, ROBERT L  
616 N MAYO STREET  
CRYSTAL BEACH, FL 34681 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            DINGESS, ROBERT L  
Address        PO BOX 56  
City-State-Zip: CRYSTAL BEACH FL 34681

Title            MGR  
Name            MARTINS, JOSEPH  
Address        419 ORIOLE CIRCLE  
City-State-Zip: PALM HARBOR FL 34683

Title            T  
Name            DINGESS, SHERRY L  
Address        P.O. BOX 56  
City-State-Zip: CRYSTAL BEACH FL 34681

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT L DINGESS

**CEO**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date