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	03/06/2021

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: CRYSTAL BEACH FL 34681 City-State-Zip: CRYSTAL BEACH FL 34681

## (

SIGNATURE:

Officer/Director Detail :			
Title	CEO	Title	COO
Name	DINGESS, ROBERT L	Name	DINGESS, SHERRY
Address	P.O. BOX 56	Address	P.O. BOX 56
City State Zin:	COVETAL REACH EL 24691	City-State-7in	CRYSTAL BEACH EL 34681

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

# **2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

#### DOCUMENT# P04000163837

Entity Name: IDEAL MANAGEMENT SERVICES CELEB, INC.

### **Current Principal Place of Business:**

616 NORTH MAYO STREET CRYSTAL BEACH. FL 34681

#### **Current Mailing Address:**

P.O. BOX 56 616 NORTH MAYO STREET CRYSTAL BEACH, FL 34681

#### FEI Number: 20-1873802

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

FILED Mar 06, 2021 Secretary of State 3652698903CC

Certificate of Status Desired: No

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.

Date

Date