


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90053 008 ***150.00

DOCUMENT # F99000003291
 1. Entity Name
IDEAL SOLUTIONS, INC.



Principal Place of Business Mailing Address
3 MARCUS DRIVE **3 MARCUS DRIVE**
GREENVILLE SC 29615 **GREENVILLE SC 29615**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
PAIGE, DAVID
932 HILLGROVE LANE
AUBURNDALE FL 33823

4. FEI Number Applied For
58-2291047 Not Applicable

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

7. Name and Address of New Registered Agent
 Name: **Lisa Reucher-Dishman**
 Street Address (P.O. Box Number is Not Acceptable)
9919 Sweetleaf St.
 City **Orlando** **FL** Zip Code **32827**

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: *Lisa Reucher-Dishman* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PCT	<input type="checkbox"/> Delete
NAME	IVESTER, STEPHEN A	
STREET ADDRESS	3 MARCUS DRIVE	
CITY-ST-ZIP	GREENVILLE SC 29615	
TITLE	WC	<input type="checkbox"/> Delete
NAME	SURPRENANT, MICHAEL	
STREET ADDRESS	3 MARCUS DRIVE	
CITY-ST-ZIP	GREENVILLE SC 29615	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, WILLIAM A	
STREET ADDRESS	1016 BRADFORD PLACE	
CITY-ST-ZIP	GREENVILLE SC 29615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Steven A Ivester* **STEVEN A IVESTER** *3/30/04* *864 286-9009*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #