


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P35630
 1. Entity Name
 IDEACOM OF THE GULF COAST, INC.



Principal Place of Business Mailing Address
 P.O. BOX 2217 P.O. BOX 2217
 DAPHNE, AL 36526-2217 DAPHNE, AL 36526-2217

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1047210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature: Typed or printed name of registered agent and 200 if applicable (NOTE: Registered Agent signature required upon re-filing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

00000090806
 03/17/04-80034-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ROBB, JOHN 26376 POLLARD RD. DAPHNE, AL 365262217
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ROBB, BETTY 26376 POLLARD RD. DAPHNE, AL 365262217
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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, without other, and empowered

SIGNATURE:  John K. Robb 3-1-2004 251-621-0004
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #