

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35630

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: IDEACOM OF THE GULF COAST, INC.

**Current Principal Place of Business:**

26376 POLLARD RD  
DAPHNE, AL 365262217

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2217  
DAPHNE, AL 365262217

**New Mailing Address:**

FEI Number: 63-1047210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBB, JOHN  
Address: 26376 POLLARD RD.  
City-St-Zip: DAPHNE, AL 365262217

Title: S ( ) Delete  
Name: ROBB, BETTY  
Address: 26376 POLLARD RD.  
City-St-Zip: DAPHNE, AL 365262217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN K ROBB

PRES

04/03/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date