


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90004 009 ***558.75

DOCUMENT # P98000036647

1. Entity Name
MIMA SERVICES, INC.



Principal Place of Business
**200 E SHERIDAN RD
 MELBOURNE, FL 32901**


Mailing Address
**200 E SHERIDAN RD
 MELBOURNE, FL 32901**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



05112005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3524363

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NOHRR, PHILIP F
 1800 WEST HIBISCUS BLVD.
 SUITE 138
 MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name
JOSEPH MCLURE

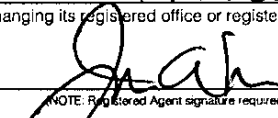
Street Address (P.O. Box Number is Not Acceptable)
200 EAST SHERIDAN ROAD

City
MELBOURNE

State
FL

Zip Code
32901

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 JOSEPH MCLURE 

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

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEELMAN, ROBERT C	
STREET ADDRESS	200 E SHERIDAN RD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STALL, PHILLIPS H	
STREET ADDRESS	200 E SHERIDAN RD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLURE, JOSEPH A	
STREET ADDRESS	200 E SHERIDAN RD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRAFF, KENNETH	
STREET ADDRESS	200 E SHERIDAN RD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	GURRI, JOSEPH A	
STREET ADDRESS	200 E SHERIDAN RD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
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	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD BANEY	
STREET ADDRESS	200 EAST SHERIDAN ROAD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES RONALDSON	
STREET ADDRESS	200 EAST SHERIDAN ROAD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK FUSEO	
STREET ADDRESS	200 EAST SHERIDAN ROAD	
CITY-ST-ZIP	MELBOURNE, FL 32901	

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: JOSEPH MCLURE 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Date-time Phone # _____