


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000036647


1. Entity Name
MIMA SERVICES, INC.



Principal Place of Business Mailing Address

200 E SHERIDAN RD 200 E SHERIDAN RD
 MELBOURNE, FL 32901 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3524363 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLURE, JOSEPH
 200 EAST SHERIDAN ROAD
 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BANEY, RICHARD
STREET ADDRESS	200 EAST SHERIDAN ROAD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	P
NAME	MCCLURE, JOSEPH A
STREET ADDRESS	200 E SHERIDAN RD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VP
NAME	RONALDON, JAMES
STREET ADDRESS	200 EAST SHERIDAN ROAD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	GURRI, JOSEPH A
STREET ADDRESS	200 E SHERIDAN RD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	FUSCO, MARK
STREET ADDRESS	200 EAST SHERIDAN ROAD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard Baney MD Date 2/20/08 Daytime Phone # 321-725-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #