

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285238

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: MIRACLE STRIP LEASING CORPORATION

## Current Principal Place of Business:

2431 FRANKFORD AVE  
PANAMA CITY, FL 32406

## New Principal Place of Business:

2431 FRANKFORD AVE  
PANAMA CITY, FL 32405

## Current Mailing Address:

2431 FRANKFORD AVE  
PO BOX 15413  
PANAMA CITY, FL 32406

## New Mailing Address:

750 1/2 WEST 15TH STREET  
PANAMA CITY, FL 32401

FEI Number: 59-1113375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMS, JAMES L.  
2431 FRANKFORD AVENUE  
PANAMA CITY, FL 32405 US

## Name and Address of New Registered Agent:

SIMMS, JAMES N  
4638 HIGHWAY 77  
CHIPLEY, FL 32428 US

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: JAMES NEAL SIMMS

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SIMMS, JAMES L.,  
Address: 2431 FRANKFORD AVE.  
City-St-Zip: PANAMA CITY, FL

Title: V ( ) Delete  
Name: BECKHAM, ANNA F.,  
Address: 2906 KINGS HARBOUR RD.  
City-St-Zip: PANAMA CITY, FL

Title: ST ( ) Delete  
Name: SIMMS, MYRTICE H.,  
Address: 2431 FRANKFORD AVE.  
City-St-Zip: PANAMA CITY, FL

Title: VP ( ) Delete  
Name: SIMMS, JAMES N  
Address: 4638 HIGHWAY 77  
City-St-Zip: CHIPLEY, FL 32428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JAMES NEAL SIMMS

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date