2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State
02-16-2005 90027 032 ***150.00

DOCUMENT # 438958

1. Entity Name

I. M. A. ELECTRONICS, INC.

Principal Place of Business	Mailing Address
1/2 MILE OFF SR 23/FAIRBANK & WALD O, ALACHUA COUNTY P.O. BOX 124 GAINESVILLE FL 32602	PO BOX 124 GAINESVILLE FL 32602-0124 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
6614 NW 26th Terrace	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State
Zip: 32653 Country: Alachua	Zip Country

4. FEI Number 59-1511398 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOHRMANN DIETRICH
ROUTE 1
GAINESVILLE FL 32602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P. ☐ Change ☐ Addition
NAME	DOHRMANN, DIETRICH	NAME	DOHRMANN, DIETRICH
STREET ADDRESS	(RT 1) BOX 124	STREET ADDRESS	Box124 (6614 NW 26th Terrace)
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	Gainesville FL
TITLE	VST ☐ Delete	TITLE	VST ☐ Change ☐ Addition
NAME	DOHRMANN, IRMGARD K.	NAME	DOHRMANN, IRMGARD, K
STREET ADDRESS	(RT 1) BOX 124	STREET ADDRESS	Box124 (6614 NW 26th Terrace)
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	Gainesville FL
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: I. Dohrmann, D. Dohrmann   Feb. 14/05   352-378-7551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #