

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 438958	
1. Entity Name I. M. A. ELECTRONICS, INC.	

Principal Place of Business 6614 NW 26TH TERRACE GAINESVILLE FL 32653	Mailing Address PO BOX 124 GAINESVILLE FL 32602-0124 US
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

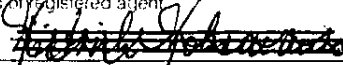
1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1511398	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

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 	DATE Jan. 27/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

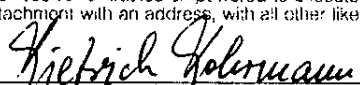
(NOTE: Registered Agent Signature Required when Submitting)

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P DOHRMANN, DIETRICH BOX 124 6614 NW 26TH TERRACE GAINESVILLE FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VST DOHRMANN, IRMGARD K. BOX 124 6614 NW 26TH TERRACE GAINESVILLE FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Dietrich Dohrmann** **Jan. 27/08** **352-378-7551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR