

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # G33883**

1. Entity Name  
**XINIM CORPORATION**



Principal Place of Business  
**% GEORGE E. POLLIO  
1702 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117-1736**

Mailing Address  
**% GEORGE E. POLLIO  
1702 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117-1736**

**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**



**DO NOT WRITE IN THIS SPACE**

07032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2280609**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**POLLIO, GEORGE E.  
346 N 12TH ST  
FLAGLER BEACH, FL 32136**

**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 \$550.00  
Due by September 12, 2008**

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

**U00000953565  
07/07/08-80003-009 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLLIO, GEORGE E 346 N 12TH ST FLAGLER BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MINIX JR, WALTER 194 LEWIS ST EDGEWATER, FL 321410005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** George Pollio George Pollio 7-8 3-07 386-677-7377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #