2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE AND THE COTOR

DOCUMENT # H37979

MANAGEMENT INFORMATION SYSTEMS OF PANAMA CITY, INC.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

204 A ELLEN LANE PANAMA CITY, FL 32408-5830

204 A ELLEN LANE PANAMA CITY, FL 32408-5830



02122008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2481247

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

850-234-6112

6.	Name	and	Address	of	Current	Reg	gistered	Agent

WAKSTEIN, GARY 204 A ELLEN LANE PANAMA CITY, FL 32408-5830

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the points of registered agent.	urpose of changing its registered of	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept				
SIGNATURE Signature, typed or printed name of registered agent and life of applicable. (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 Trust Fund Contrib			g 🗆	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS				04/24/08-80020-001 150.00				
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D WAKSTEIN, HY 2413 ISLAND VIEW DR PANAMA CITY, FL				04/24/05-00020-001 130.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WAKSTEIN, GARY 204 A ELLEN LANE PANAMA CITY, FL 324085830								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE				
THLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-							
12. Thereby 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 employers 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 when all other like empowered.									