

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H78819

Entity Name: M.I.M.A.C., INC.

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11375 68TH AVE N  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

11375 68TH AVE N  
SEMINOLE, FL 33772 US

**New Mailing Address:**

FEI Number: 59-2586636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCANN, CHARLES  
11375 68TH AVE N  
SEMINOLE F, FL 33772 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SULLIVAN, MARY  
Address: 11375 68TH AVE N  
City-St-Zip: SEMINOLE, FL 33772 US

Title: PS  
Name: MCCANN, CHARLES C  
Address: 11375 68TH AVE N  
City-St-Zip: SEMINOLE, FL 33772 US

Title: T  
Name: MCCANN, JOSEPH  
Address: 11375 68 AVE  
City-St-Zip: SEMINOLE, FL 33772

I hereby 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 all other like empowered.

SIGNATURE: CHARLES C MCCANN

PRES

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date