


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000001762	
1. Entity Name NIMIST, INC.	
	
Principal Place of Business	Mailing Address
6311 E. WHITEWAY DR. TEMPLE TERRACE, FL 33617 US	6311 E. WHITEWAY DR. TEMPLE TERRACE, FL 33617 US



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0045378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
TIGHE, TOM ESQ. C/O TUCKER AND TIGHE, P.A. 800 E. BROWARD BLVD., #710 FORT LAUDERDALE, FL 33301

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 _____
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR STRIPPOLI, NICHOLAS M II 6311 E. WHITEWAY DR. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR STRIPPOLI, PATRICIA A 6311 E. WHITEWAY DR. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR STRIPPOLI, CHRISTOPHER N 6311 E. WHITEWAY DR TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR STRIPPOLI, JONATHAN R 6311 E. WHITEWAY DR TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR STRIPPOLI, NICHOLAS M III 6311 E. WHITEWAY DR TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000282935 04/01/05-80008-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nicholas M. Strippoli II 3-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-625-5666