

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90040 037 ***150.00

DOCUMENT # P03000135352

1. Entity Name
M & IMS OF CENTRAL FLORIDA INC.



Principal Place of Business
1340 WEST CENTRAL BLVD
ORLANDO, FL 32805 US

Mailing Address
1340 WEST CENTRAL BLVD
ORLANDO, FL 32805 US

94032064



01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0403799

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

7. Name and Address of New Registered Agent

IMS, BEVERLEY
1340 WEST CENTRAL BLVD
ORLANDO, FL 32805

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

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 4, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME IMS, BEVERLEY
STREET ADDRESS 1340 WEST CENTRAL BLVD
CITY-ST-ZIP ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME IMS, MICHAEL
STREET ADDRESS 1340 WEST CENTRAL BLVD
CITY-ST-ZIP ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TRES
NAME IMS, JAMES
STREET ADDRESS 1340 WEST CENTRAL BLVD
CITY-ST-ZIP ORLANDO, FL 32805

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

407-425-5533

Daytime Phone #