


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000135352</b>	
1. Entity Name <b>M &amp; IMS OF CENTRAL FLORIDA INC.</b>	

Principal Place of Business <b>1340 WEST CENTRAL BLVD ORLANDO, FL 32805 US</b>	Mailing Address <b>1340 WEST CENTRAL BLVD ORLANDO, FL 32805 US</b>
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0403799</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>IMS, BEVERLEY 1340 WEST CENTRAL BLVD ORLANDO, FL 32805</b>
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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 _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IMS, BEVERLY 1340 WEST CENTRAL BLVD ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IMS, MICHAEL 1340 WEST CENTRAL BLVD ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES IMS, JAMES 1340 WEST CENTRAL BLVD ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
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U00000879532  
04/15/08-80021-023 150.00

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.		
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SIGNATURE: 	Date: <b>4/1/08</b>	Daytime Phone #: <b>408-425-5533</b>
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