

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004835

Entity Name: MIMIC IT, INC

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

811 LAKE AGNES DRIVE  
POLK CITY, FL 33868 US

## New Principal Place of Business:

25953 BUSH COURT  
WESLEY CHAPEL, FL 33544 US

## Current Mailing Address:

P.O. BOX 111  
POLK CITY, FL 33868 US

## New Mailing Address:

25953 BUSH COURT  
WESLEY CHAPEL, FL 33544 US

FEI Number: 20-0615782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, KRISTINE E  
811 LAKE AGNES DRIVE  
POLK CITY, FL 33868 US

## Name and Address of New Registered Agent:

JONES, KRISTINE E  
25953 BUSH COURT  
WESLEY CHAPEL, FL 33544 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUBY, GERALD D  
Address: 811 LAKE AGNES DR.  
City-St-Zip: POLK CITY, FL 33868 FL

Title: VP ( ) Delete  
Name: JONES, KRISTINE E  
Address: 811 LAKE AGNES DRIVE  
City-St-Zip: POLK CITY, FL 33868 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RUBY, GERALD D  
Address: 25953 BUSH COURT  
City-St-Zip: WESLEY CHAPEL, FL 33544 FL

Title: VP (X) Change ( ) Addition  
Name: JONES, KRISTINE E  
Address: 25953 BUSH CT  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KRISTINE JONES

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date