

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000005286

1. Entity Name  
NIMA PROPERTIES, INC.



FILED

07 SEP 17 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5924 COVERED CREEK LN  
JACKSONVILLE, FL 32277 US

Mailing Address  
6919 MERRILL RD.  
JACKSONVILLE, FL 32277 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6947 MERRILL RD

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

FL 32277 US

08212007

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-0568966

Applied For  
Not Applicable

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

PATEL, RASIKLAL K  
5924 COVERED CREEK LN  
JACKSONVILLE, FL 32277

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  
Due by September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
PATEL, RASIKLAL K  
5924 COVERED CREEK LN  
JACKSONVILLE, FL 32277 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000109593770  
09/18/07-01000-004 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
ALBERT, MARY Y  
6365 OAK BAY DR. N.  
JACKSONVILLE, FL 32277 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

*[Signature]*

RASIKLAL K PATEL

8/31/07

904-294-2600

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR