

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019880

Entity Name: GIMAC, INC.

FILED  
Apr 20, 2008  
Secretary of State

## Current Principal Place of Business:

4306 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

4306 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-3439609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YONG, FRANK J ESQ  
701 RIVERSIDE PARK PLACE  
STE 110  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FARES, JOSEPH DR  
Address: 10115 DEERCREEKCLUB RD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: FARES, BADIA  
Address: 10115 DEERCREEK CLUB RD.  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH FARES

D

04/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date