


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000036647	
1. Entity Name MIMA SERVICES, INC.	

Principal Place of Business 200 E SHERIDAN RD MELBOURNE, FL 32901	Mailing Address 200 E SHERIDAN RD MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3524363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOHRR, PHILIP F 1800 WEST HIBISCUS BLVD. SUITE 138 MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SEELMAN, ROBERT C 200 E SHERIDAN RD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST STALL, PHILLIPS H 200 E SHERIDAN RD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCCLURE, JOSEPH A 200 E SHERIDAN RD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GRAFF, KENNETH 200 E SHERIDAN RD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GURRI, JOSEPH A 200 E SHERIDAN RD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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02/04/04-80063-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Richard Alexander* **1/22/04** **381-725-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #