2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P99000046428

Entity Name: MIRACLE MAIDS OF OCALA, INC.

Current Principal Place of Business:

1012 E SILVER SPRING BLVD
B-1
OCALA, FL 34470

New Principal Place of Business:

1012 E SILVER SPRING BLVD
B-3
OCALA, FL 34470

Current Mailing Address:

1012 E SILVER SPRING BLVD
B-1
OCALA, FL 34470

New Mailing Address:

1012 E SILVER SPRING BLVD
B-3
OCALA, FL 34470

FEI Number: 59-3577585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, WINSOME F
352 MARION OAKS DRIVE
OCALA, FL 34473

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: DP ( ) Delete
Name: JACOBS, WINSOME F
Address: 352 MARION OAKS DR.
City-St-Zip: OCALA, FL 34473

Title: DS ( ) Delete
Name: MINCY, SHAYNA M
Address: 1702 NE 71 ST #11
City-St-Zip: OCALA, FL 34479

Title: VP ( ) Delete
Name: JACOBS, DARREL C
Address: 352 MARION OAKS DR.
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition
Name: MINCY, SHAYNA M
Address: 5001 SW 20 STREET, APT 5902
City-St-Zip: OCALA, FL 34474

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WINSOME F. JACOBS DP 04/30/2004
Electronic Signature of Signing Officer or Director Date