

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046428

Entity Name: MIRACLE MAIDS OF OCALA, INC.

FILED  
May 06, 2008  
Secretary of State

## Current Principal Place of Business:

1012 E SILVER SPRING BLVD  
B-4  
OCALA, FL 34470

## New Principal Place of Business:

## Current Mailing Address:

1012 E SILVER SPRING BLVD  
B-4  
OCALA, FL 34470

## New Mailing Address:

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 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

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

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: VP ( ) Delete  
Name: MINCY, SHAYNA M  
Address: 5001 SW 20 STREET, APT #3205  
City-St-Zip: OCALA, FL 34474

Title: DS ( ) Delete  
Name: RIGGINS, JOY  
Address: 2950 NE 14TH ST. APT C11  
City-St-Zip: OCALA, FL 34470

Title: DT ( ) Delete  
Name: MINCY, TERRY L  
Address: 5001 SW 20TH ST. APT #3205  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: MINCY, TERRY  
Address: 5001 SW 20 STREET, APT #3205  
City-St-Zip: OCALA, FL 34474

Title: DS (X) Change ( ) Addition  
Name: MINCY, SHAYNA  
Address: 5001 SW 20TH ST. APT #3205  
City-St-Zip: OCALA, FL 34474

Title: DT (X) Change ( ) Addition  
Name: JACOBS, WINSOME  
Address: 352 MARION OAKS DR  
City-St-Zip: OCALA, FL 34473

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: WINSOME

P

05/06/2008

Electronic Signature of Signing Officer or Director

Date