


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # H39458 1. Entity Name MID-FLORIDA BUILDERS, INC.	
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Principal Place of Business 6 ALGIERS AVENUE WINTER SPRINGS, FL 32708 US	Mailing Address 1760 CINNAMON CIRCLE CASSELBERRY, FL 32707 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2471107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES E KELLEY, SR
 6 ALGIERS AVE
 WINTER SPRINGS, FL 32708

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be Added to Fees

000000114030
 04/15/04-80032-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PRES KELLEY JANICE A 1760 CINNAMON CIR CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SEC KELLEY ALISA K 1760 CINNAMON CIR CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CEO KELLEY, CHARLES E GALGIERS AVE. WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR