

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87775

FILED
Apr 29, 2005
Secretary of State

Entity Name: FLORIDA MIDDLE PROPERTIES, INC.

Current Principal Place of Business:

205 S. HOOVER STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

205 S. HOOVER STREET
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2623788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHEY, L.M.
205 S. HOOVER STREET
TAMPA, FL 33609 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: CPD () Delete
Name: HUGHEY, L.M.,
Address: 205 S HOOVER STREET
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: FARMER, JD
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: CARTER, SHIRLEY H.,
Address: 205 S. HOOVER STREET
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: THATCHER, CAROLYN
Address: 205 S. HOOVER STREET
City-St-Zip: TAMPA, FL

Title: VPD () Delete
Name: THATCHER, CAROLYN
Address: 205 S HOOVER BLVD
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: HUGHEY, EVELYN
Address: 205 S. HOOVER BLVD 400
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JAMES D FARMER

VP

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date