2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K15927

1. Entity Name

MIDTOWN SERVICE STATION, INC.

Principal Place of Business	Mailing Address
2601 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308	300 SE 2ND STREET 8TH FLOOR FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

03132007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0031755	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PATRICIA
300 SE 2 STREET FLOOR 8
FORT LAUDERDALE, FL 33301

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STILES, TERRY W.
STREET ADDRESS	300 SE 2ND STREET, 8TH FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	PD
NAME	HOGSETT, CLARK
STREET ADDRESS	300 SE 2ND STREET, 8TH FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80027-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   3/6/07   954-77-3840

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