

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90021 030 ***150.00

DOCUMENT # K81222

1. Entity Name
 MID-FLORIDA LAND INVESTMENTS, INC.



Principal Place of Business
 707 NORTH COLLINS STREET
 PLANT CITY, FL 33563 US

Mailing Address
 707 NORTH COLLINS STREET
 PLANT CITY, FL 33563 US

44020011



DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2943188	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CROCKER, DONNA JEAN
 707 NORTH COLLINS STREET
 PLANT CITY, FL 33566

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

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, HELEN 2403 ARDSON PLACE 902B TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CROCKER, DONNA J 707 NORTH COLLINS STREET PLANT CITY, FL 33566
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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)(i), 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: Donna J. Crocker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DONNA J. CROCKER

Date: B/29/04
 Daytime Phone #: 813-752-14137