2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003648

Entity Name: MID-FLORIDA LOCAL #7138 APWU, INC.

FILED Apr 02, 2005 Secretary of State

| Current Dringing Diggs of Business | | | | New Principal Place of Pusiness | | | | |
|---|--|-----------------------------------|-----------|---|---|----------------|----------------------------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| | IART ROAD Y, FL 32799 | | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| PO BOX 95 LAKE MAR | 52408 Y, FL 32795 | | | | | | | |
| FEI Number: 59-3155696 FEI Number Applied For () | | | FEI Num | Certificate of Status Desired () | | | | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | | |
| 941 FOUR | ATE CREATIO TH STREET # ACH, FL 3313! | | | | | | | |
| The above in the State | | submits this statement for the pu | irpose of | f changing it | ts registere | ed office or i | registered agent, or both, | |
| SIGNATURE: | | | | | | | | |
| | Electror | ic Signature of Registered Ager | nt | | | | Date | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | S/CHANG | ES TO OF | FICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | D () RHODEN, LEES PO BOX 95240 LAKE MARY, F | 8 | | Title: Name: Address: City-St-Zip: | P RHODEN, I PO BOX 95 LAKE MAR | | () Addition | |
| Title: Name: Address: City-St-Zip: | D () BEALEY, JOSE PO BOX 95240 LAKE MARY, F | 8 | | Title: Name: Address: City-St-Zip: | T FRASER, K PO BOX 95 LAKE MAR | | () Addition | |
| Title: Name: Address: City-St-Zip: | D () FRASER, KEVI PO BOX 95240 LAKE MARY, F | 8 | | Title: Name: Address: City-St-Zip: | D SCUDERO PO BOX 95 LAKE MAR | | () Addition | |
| Title: Name: Address: City-St-Zip: | D () SCUDERO, STI PO BOX 95240 LAKE MARY, F | 8 | | Title: Name: Address: City-St-Zip: | D SPADE, RO PO BOX 95 LAKE MAR | | () Addition | |
| Title: Name: Address: City-St-Zip: | D () LORRI, WILLIA PO BOX 95240 LAKE MARY, F | 8 | | Title: Name: Address: City-St-Zip: | D LAFLEUR, PO BOX 95 LAKE MAR | | () Addition | |
| Title: Name: Address: City-St-Zip: | D (X NISSENZONE, P.O. BOX 9524 LAKE MARY, F | 08 | | Title: Name: Address: City-St-Zip: | | () Change | () Addition | |

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN FRASER T 04/02/2005