2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State
02-07-2005 90054 040 ***150.00

DOCUMENT # P00000050947

1. Entity Name
MID-OCEAN CAPITAL GROUP, INC.

66003876

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD, STE 3300 SUITE 3925 TAMPA, FL 33602	101 E KENNEDY BLVD, STE 3300 SUITE 3925 TAMPA, FL 33602

03042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
101 E. Kennedy Blvd.	101 E. Kennedy Blvd.
Suite, Apt. #, etc.: Suite 3300	Suite, Apt. #, etc.: Suite 3300
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33602 Country: U.S.A.	Zip: 33602 Country: U.S.A.

4. FEI Number 59-3647448 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDON, BRAD A 101 E KENNEDY BLVD, STE 3300 TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP MICHAELS, J. PATRICK JR 101 E. KENNEDY BLVD, STE 3300 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP Michaels, Jr., J. Patrick 101 E. Kennedy Blvd., Suite 3300 Tampa, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GORDON, BRAD A 101 E. KENNEDY BLVD, STE 3300 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: J. Patrick Michaels, Jr. 03-04-05 (813)318-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/7/2005-90054-040-$150.00-$150.00

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City & State: Tampa, FL	City & State: Tampa, FL
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GORDON, BRAD A
101 E KENNEDY BLVD, STE 3300
TAMPA, FL 33602

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Name

Street Address (P.O. Box Number is Not Acceptable)

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TITLE	DCP ☐ Delete	TITLE	DCP ☒ Change ☐ Addition
NAME	MICHAELS, J. PATRICK JR	NAME	Michaels, Jr., J. Patrick
STREET ADDRESS	101 E. KENNEDY BLVD, STE 3300	STREET ADDRESS	101 E. Kennedy Blvd., Suite 3300
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	Tampa, FL 33602
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GORDON, BRAD A	NAME	
STREET ADDRESS	101 E. KENNEDY BLVD, STE 3300	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: Barbara Brockland 01/05/05 (813) 318-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #