

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90049 031 \*\*\*150.00

**DOCUMENT # P00000080047**

1. Entity Name  
**MIDDLEMAN PERMIT COMPANY INCORPORATED**

Principal Place of Business  
 866 NAFA DR  
 BOCA RATON FL 33487

Mailing Address  
 866 NAFA DR  
 BOCA RATON FL 33487

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/06)

4. FEI Number **65-1061622** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BORKENHAGEN, LYSSA M**  
**866 NAFA DR**  
**BOCA RATON FL 33487**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 P	<input type="checkbox"/> Delete BORKENHAGEN, LYSSA M 866 NAFA DRIVE BOCA RATON FL 33487	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input checked="" type="checkbox"/> Delete MULLEN, KRISTEN E 4260 SOUTHWEST 149 TERRACE MIRAMAR FL 33027	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Shm **4/28/07 561 2396763**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #