


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000031492	
1. Entity Name MID FLORIDA CONCRETE & CONSTRUCTION, INC.	

Principal Place of Business 7512 DR. PHILLIPS BLVD SUITE 50-294 DR. PHILLIPS, FL 32819	Mailing Address 7512 DR. PHILLIPS BLVD SUITE 50-294 DR. PHILLIPS, FL 32819
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1717403	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREWER, TRESA
4782 OREN BROWN ROAD
KISSIMMEE, FL 34746

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IN THIS SPACE**

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

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

000000632738
02/21/07-80032-021 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREWER, TRESA 7512 DR. PHILLIPS BLVD, SUITE 500 DR. PHILLIPS, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, WILLIAM 7512 DR. PHILLIPS BLVD DR. PHILLIPS, FL 32819
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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 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: Tresa Brewer, President 1/30/07 407.760.1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #