


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # **P06000044915**

1. Entity Name
Mid Florida Aqua Care, Inc.



FILED
11 JUN 14 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
8046 Torro Ct

3. Mailing Address
8046 Torro Ct

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
22-3923112

Applied For
Not Applicable

Zip
32810

Country
USA

Zip
32810

Country
USA

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

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7. Name and Address of Current Registered Agent

Name
Larry Payne

Street Address (P.O. Box Number is Not Acceptable)
8046 Torro Ct

City
Orlando

FL

Zip Code
32810

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.

Spiegel & Utrera, PA 1840 Coral Way 4th Fl. Miami, FL 33145

SIGNATURE *[Signature]* DATE *5/13/11*

(NOTE: Registered Agent signature required when re-instating)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing \$5.00 May Be Added to Fees

E-mail Address:
L Payne 123@hotmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PTO Larry Payne 8046 Torro Ct ORL FL 32810</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP50 Michael J Finch 8046 Torro Ct ORL FL 32810</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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500207324395
05/06/11 01:04:02 \$150.00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: *[Signature]* DATE *5/29/11* 407-294-9426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #