

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002002

FILED
Apr 07, 2009
Secretary of State

Entity Name: MIDAMERICA ADMINISTRATIVE & RETIREMENT SOLUTIONS, INC.

Current Principal Place of Business:

211 E. MAIN ST.,STE 100
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

211 E. MAIN ST.,STE 100
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3526224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, J. WESLEY
211 E. MAIN ST.,STE 100
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GEORGES, ROBERT J
Address: 211 E. MAIN ST.,STE 100
City-St-Zip: LAKELAND, FL 33801

Title: PD () Delete
Name: COMPTON, WESLEY
Address: 211 E. MAIN ST.,STE 100
City-St-Zip: LAKELAND, FL 33801

Title: ST () Delete
Name: BOWERS, KIMBERLY
Address: 211 E. MAIN ST.,STE 100
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: CHRITTON, CHARLES
Address: 211 EAST MAIN STREET, STE 100
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: WENDEL, JOHN
Address: 211 EAST MAIN STREET, STE 100
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: MILLER, BRUCE
Address: 211 EAST MAIN STREET, STE 100
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. WESLEY COMPTON

PD

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date