## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000071617

Entity Name: MID-FLORIDA COMBINE INC

**Current Principal Place of Business:** 

2755 KNOX MCRAE DRIVE TITUSVILLE. FL 32780

**Current Mailing Address:** 

2755 KNOX MCRAE DRIVE TITUSVILLE, FL 32780 US

FEI Number: 46-3541551 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLDER, JACKSON W JR 2755 KNOX MCRAE DR TITUSVILLE, FL 32780 US

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

**FILED** Apr 30, 2015

**Secretary of State** 

CC8354449506

Officer/Director Detail :

Title DIRECTOR, SECRETARY.

TREASURER

HOLDER, JACKSON W JR Name

2755 KNOX MCRAE DR Address

City-State-Zip: TITUSVILLE FL 32780

Title **DIRECTOR** 

Name STEINER, ROBERT

404 N. SAMSULA DR. Address

City-State-Zip: NEW SMYRNA BEACH FL 32168

Title **DIRECTOR** 

Name BACON, DAVID

Address 3240 MARY LANE

City-State-Zip: MOUNT DORA FL 32757 Title DIRECTOR

Name SUAREZ, BERNARDO

12936 BROLEMAN RD Address

City-State-Zip: ORLANDO FL 32832

Title DIRECTOR

Name

GUEST, JOSH

Address 3801 STRAWBERRY LANE

NEW SMYRNA BEACH FL 32168 City-State-Zip:

Title PRESIDENT, DIRECTOR

Name SANTIAGO, GILBERTO

Address 2101 BARRATT CT

City-State-Zip: ST. CLOUD FL 34771

I hereby 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 all other like empowered.

SIGNATURE: JACKSON W HOLDER JR

DIRECTOR

04/30/2015