

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 213095

1. Entity Name
MID-STATE HOMES, INC.



Principal Place of Business
**4211 W. BOY SCOUT BLVD.
SUITE 1000
TAMPA, FL 33607**

Mailing Address
**4211 W. BOY SCOUT BLVD.
SUITE 1000
TAMPA, FL 33607**



DO NOT WRITE IN THIS SPACE

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0945134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000068067
02/27/04-80026-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEARDEN, MILES C III 4211 W BOY SCOUT BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICK, VICTOR P 4211 W BOY SCOUT BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT EISCH, CYNTHIA B 4211 W. BOY SCOUT BLVD. STE 1000 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OHRT, WILLIAM F 4211 W. BOY SCOUT BLVD. STE 1000 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROY, JOSEPH J 4211 W BOY SCOUT BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAUTHEN, CHARLES E 4211 W BOY SCOUT BLVD TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE: By/ *[Signature]* **Assistant Treasurer** **2/26/2004 (813)871-4066**

Cynthia B. Eisch
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #