

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 250787

1. Entity Name
MIDCENTRAL INC



Principal Place of Business
**C/O JAMES M. WALLACE, 420 OLD MAIN ST.
P.O. BOX 1889
BRADENTON, FL 34206-1889 US**

Mailing Address
**C/O JAMES M. WALLACE, 420 OLD MAIN ST.
P.O. BOX 1889
BRADENTON, FL 34206-1889 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1010968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACE, JAMES M
420 OLD MAIN STREET
BRADENTON, FL 34205**

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WALLACE, JAMES M
420 OLD MAIN STREET
BRADENTON, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
CALANDRA, GAIL M
420 OLD MAIN STREET
BRADENTON, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WALLACE, D.H.
420 OLD MAIN ST.
BRADENTON, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(i), 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:

James M. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-04

Date

941 746-7157

Daytime Phone #