2006 FOR PROFIT CORPORATION ANNUAL REPORT FILED May 01, 2006 08:00 Al **DOCUMENT #337766 Secretary of State** 1. Entity Name MID-LAKES DEVELOPMENT CO., INC. Principal Place of Business Mailing Address P. O. BOX 2250 570 GOLDEN GEM DR. UMATILLA, FL 32784 UMATILLA, FL 32784 US 04282006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1278908 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BRYAN, RUSSELL** DO NOT WRITE WEST OCALA STREET UMATILLA, FL 32784 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_ DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) U00000545187 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/11/06-80067-013 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE BRYAN, RUSSELL NAME STREET ADDRESS WEST OCALA STREET CITY-ST-ZIP UMATILLA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like proposered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-DIO

Live Store A