

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 400447**

1. Entity Name  
**MID-FLORIDA BIOLOGICALS, INC.**



Principal Place of Business  
**380 S. NORTH LAKE BLVD  
SUITE 1024  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**380 S. NORTH LAKE BLVD  
SUITE 1024  
ALTAMONTE SPRINGS, FL 32701**



07042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1415597</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CLIFFORD, KAREN  
380 S NORTH LAKE BLVD STE 1024  
ALTAMONTE SPRINGS, FL 32701**

**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 re-instating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO LANGSTAFF, JOHN 155 INNOVATIONS DRIVE WINNIPEG, MB r3t 5y3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCMILLAN, JOHN 155 INNOVATIONS DRIVE WINNIPEG, MB r3t 5y3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO GRAHAM, MICHAEL 155 INNOVATIONS DRIVE WINNIPEG, MB r3t 5y3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/19/07-80002-018 150.00

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IN THIS SPACE**

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 fee empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**John LANGSTAFF** **July 6/07** **204 275 4201**