2005 FOR PROFIT CORPORATION 1

FILED **ANNUAL REPORT** Mar 31, 2005 08:00 AM **DOCUMENT # 454251 Secretary of State** 1. Entity Name MID-STATE REALTY CO., INC. Principal Place of Business _ Mailing Address 7414 COMMERCE ST 7414 COMMERCE ST **RIVERVIEW, FL 33569-1333** RIVERVIEW, FL 33569-1333 03152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1535483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CARLTON,C. DENNIS DO NOT WRITE 7414 COMMERCE ST RIVERVIEW, FL 33569-1333 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 II applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DTIF NAME CARLTON, C. DENNIS 7414 COMMERCE STREET STREET ADDRESS RIVERVIEW, FL CITY-ST-ZIP TITLE NAME U00000282087 STREET ADDRESS 03/31/05-80029-003 150.00 CITY-ST-ZIP 3.00 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ŧ

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 address, with all other like empowered.

C. Dennis Carlton

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05

Date

813-681-4861

Daytime Phone #