
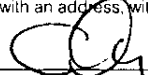


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90042 017 ***150.00

DOCUMENT # 454251 1. Entity Name MID-STATE REALTY CO., INC.					
Principal Place of Business 7414 COMMERCE ST RIVERVIEW, FL 33569-1333				Mailing Address 7414 COMMERCE ST RIVERVIEW, FL 33569-1333	
2. Principal Place of Business - No P.O. Box # 601 S. Falkenburg Rd		3. Mailing Address Suite 14-1			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-1535483	
Zip 33619		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLTON, C. DENNIS 7414 COMMERCE ST RIVERVIEW, FL 33569-1333				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 601 S. Falkenburg Rd Suite 14-1 City Tampa FL Zip Code 33619	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CARLTON, C. DENNIS 7414 COMMERCE STREET RIVERVIEW, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	601 S. Falkenburg Rd Suite 14-1 Tampa, FL 33619	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	601 S. Falkenburg Rd Suite 14-1 Tampa, FL 33619	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	601 S. Falkenburg Rd Suite 14-1 Tampa, FL 33619	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	601 S. Falkenburg Rd Suite 14-1 Tampa, FL 33619	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	601 S. Falkenburg Rd Suite 14-1 Tampa, FL 33619	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	601 S. Falkenburg Rd Suite 14-1 Tampa, FL 33619	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 empowered.					
SIGNATURE: 		C. Dennis Carlton			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-7-08 Daytime Phone # 813681-4861			