2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

DOCUMENT # 501249 1. Entity Name MID STATE CONTRACTING CORPORATION						05-01-2007 90084 001 ***635.00				
Principal Place 2730 MINE & LAKELAND, F	MILL ROAD	Mailing Address 2730 MINE & MILL ROAD LAKELAND, FL 33801				policenz				
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302007	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number 65-0322	115			Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of	Status Desired	\$8. Fee	75 Addi Required	tional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
KERGEY HAROLD E				Name						
KERSEY, HAROLD E 2730 MINE & MILL ROAD LAKELAND, FL 33801				Street Address (P.O. Box Number is Not Acceptable)						
\cap				City	rL ·					
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										
					\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIF	RECTORS	IN 11	
TITLE	D Delete III		TITLE	P	RESIDEN	T DIE	ECTOR D	Change	☐ Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
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NAME CIDELL ADODESE	CAIN, HENRY M 2730 MINE & MILL ROAD		NAM	AE EET ADDRESS						
CITY-ST-ZIP	LAKELAND, FL 33801			-ST-ZIP						
TITLE		☐ Delete	TITLE	17/	REAS-	DIZEC	TOR [Change	Addition	
NAME			NAM	· '	KERSEY LAURA 7730 MINE + MILL Rd 22301					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	7730 MINO	5+ MIII	Xd 338	24/		
TITLE		☐ Delete	TITLE	-51-211	LIFKELIFN	PIRECTOR	990	Change	Addition	
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STREET ADDRESS			STRE	[7	DOWDICAN	T & MILL	ROAD			
CITY-ST-ZIP			_	-51-211	AKELAND		3380			
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NAME STREET ADDRESS			NAM	ET ADDRESS						
				-SI-ZIP					+	
	J									

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 suppliemental report is five 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: 10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

430.07

8636656233

Daytime Phone #