


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 506587 1. Entity Name MIDDLEBROOKS CONTRACTORS, INC.	
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Principal Place of Business 612 WEST HIGHWAY 90 BONIFAY, FL 32425	Mailing Address 612 WEST HIGHWAY 90 BONIFAY, FL 32425
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1677299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MIDDLEBROOKS, JOSEPH C. (JR) 612 W. HWY 90 BONIFAY, FL 32425

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIDDLEBROOKS, JOSEPH C. JR 612 W. HWY 90 BONIFAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIDDLEBROOKS, MYRA J. 612 W. HWY 90 BONIFAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDM TURNIPSEED, TAMMY M 612 W. HWY 90 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM MIDDLEBROOKS, JOSEPH C III 612 W. HWY 90 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DLM MIDDLEBROOKS, ROBERT R 612 W. HWY 90 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM MIDDLEBROOKS, KENNETH D 612 W. HWY 90 BONIFAY, FL 32425

<p>U00000767407 07/10/07-80003-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 officers empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Date **July 10, 2007**
 Daytime Phone # **352-547-3658**