


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 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



01072008 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 _____ (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
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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

**DO NOT WRITE
IN THIS SPACE**

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01/10/08-80034-023 150.00

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: Tammy M Turnipseed **Tammy M Turnipseed** Jan 08-2008 856-547-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #