

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 506587

FILED
May 15, 2008
Secretary of State

Entity Name: MIDDLEBROOKS CONTRACTORS, INC.

Current Principal Place of Business:

612 WEST HIGHWAY 90
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

612 WEST HIGHWAY 90
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-1677299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLEBROOKS, JOSEPH C. (JR)
612 W. HWY 90
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIDDLEBROOKS, JOSEPH, C. JR
Address: 612 W. HWY 90
City-St-Zip: BONIFAY, FL

Title: ST () Delete
Name: MIDDLEBROOKS, MYRA J, .
Address: 612 W. HWY 90
City-St-Zip: BONIFAY, FL

Title: SDM () Delete
Name: TURNIPSEED, TAMMY M
Address: 612 W. HWY 90
City-St-Zip: BONIFAY, FL 32425

Title: DM () Delete
Name: MIDDLEBROOKS, JOSEPH C III
Address: 612 W. HWY 90
City-St-Zip: BONIFAY, FL 32425

Title: DLM () Delete
Name: MIDDLEBROOKS, ROBERT R
Address: 612 W. HWY 90
City-St-Zip: BONIFAY, FL 32425

Title: DM (X) Delete
Name: MIDDLEBROOKS, KENNETH D
Address: 612 W. HWY 90
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY TURNIPSEED

SDM

05/15/2008

Electronic Signature of Signing Officer or Director

Date