

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694189

Entity Name: MID STATE MOTORS, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

C/O WESLEY A. WHEELER
1824 NW PINE AVENUE
OCALA, FL 34479 US

Current Mailing Address:

C/O WESLEY A. WHEELER
1824 NW PINE AVENUE
OCALA, FL 34479 US

New Principal Place of Business:

C/O WESLEY A. WHEELER
1824 NW PINE AVENUE
OCALA, FL 34475 US

New Mailing Address:

C/O WESLEY A. WHEELER
1824 NW PINE AVENUE
OCALA, FL 34475 US

FEI Number: 59-2125061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHEELER, JOHN M
1824 NW PINE AVENUE
OCALA, FL 34479 US

Name and Address of New Registered Agent:

WHEELER, JOHN M
1824 NW PINE AVENUE
OCALA, FL 34475 US

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:

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHEELER, WESLEY A
Address: 1824 NW PINE AVENUE
City-St-Zip: OCALA, FL 34475

Title: V () Delete
Name: WHEELER, JOHN M
Address: 1824 NW PINE AVE
City-St-Zip: OCALA, FL 34475

Title: S () Delete
Name: WHEELER, CHARLENE D
Address: 1824 NW PINE AVE.
City-St-Zip: OCALA, FL 34475

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLENE D WHEELER

S

01/04/2007

Electronic Signature of Signing Officer or Director

Date