## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 29, 2004 8:00 am Secretary of State 01-29-2004 90034 040 \*\*\*\*61.25

City FL Zip Code  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   Sign	1. Entity Name ECONOMIC DEVELOPMENT COMMISSION OF MID-FLORIDA, INCORPORATED								01-29-2	2004 \$	90034 04	<del>1</del> 0 *****C	11.23
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite   City & State   City & City & State   City &	301 E. PINE ST SUITE 900 ORLANDO, FL 32801-8957		301 Suite	301 E. PINE ST Suite 900									
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Signature  Signature  Country  Signature  City & State  Country  Signature  City & State  City & St	2. Principal Place of Business		3. Mail	3. Mailing Address									
Set   Triple   Set   S	Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				01212004	Chg-NP		CR2E03	7 (10/03)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Jackson Call of New Registered Agent  8. The Jackson Call of New Registered Agent  8. The Jackson Call of New Registered Agent  9. Date of Registered Agent  9. Date of Registered Agent  9. Date of Registered Agent  1. Date of Registered Agen	City & State		Cit	City & State				FO 4707000					
LEONHARDT, FREDERICK W. 301 E. PINE ST., STE. 1400  ORLANDO, FL 32801  City FL Zip Code  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Size of Florida. I am familiar with, and accept the childrations of registered agent, and state of sport in the purpose of changing its registered office or registered agent, or both, in the Size of Florida. I am familiar with, and accept the childration of registered agent, or both, in the Size of Florida. I am familiar with, and accept the childration of registered agent, or both, in the Size of Florida. I am familiar with, and accept the childration of registered agent, or both, in the Size of Florida. I am familiar with, and accept the childration of the childration.  SIGNATURE  SIGNATU	Zip	Country	Zip	)	Cour	ntry		5. Certificate	of Status Des	ired .			
LEONHARDT, FREDERICK W. 301 E. PINE ST., STE. 1400  ORLANDO, FL 32801  City FL Zip Code  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  Filling Fee is \$64.25 Due by May 1, 2004  Price of Signature, types or printed fame of registered agent and the flapricables. (NOTE: Pregistered Agent dynature required short remaining)  Filling Fee is \$64.25 Due by May 1, 2004  Price of Signature, types or printed fame of registered signet and the flapricables.  (NOTE: Pregistered Agent dynature required short remaining)  Full for a Company Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10  Full for ADDITIONS/CHANGES TO OFFICERS AN		6. Name and Address of Curren	t Registere	d Agent				7. Name and	Address of I	lew Re	gistered A	gent	
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. 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 chilipations of registered agent.  SIGNATURE  SIGNATURE  Tiling Foe is \$61.25  Due by May 1, 2004  PFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  11.  CITY  Fult on, Richard T.  SIRES ANDERS SO, LEAST Pline ST., STE. 900  CITY-51-2P  ORLANDO, FL 32801  TILE  ORLANDO, FL 32801  TI	1.00	DT EDESERIOUM			-	:Name-			١ .			-	# ,
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accopt the chligations of registered agent.  SIGNATURE  SIGNATUR	301 E. PINE ST., STE. 1400				Street Address (F			P.O. Box Numb	er is Not Acce	ptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, types or private faste of registered agent and state if applicable.  (NOTE Registered Agent signature required when restricting)  SIGNATURE  Signature, types or private faste of registered agent and state if applicable.  (NOTE Registered Agent signature required when restricting)  SIGNATURE  Signature, types or private faste of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Papartered Paparter State of Florida Papartered Paparter Registered Agent signature required when restrictions.  ITILE  OF CONDAM NAME  SIRELADORSS OIL EAST PINE ST., STE. 900  ORLANDO, FL 32801  ITILE  OC  WALLACE, DERRICK  SIRELADORSS OIL EAST FINE STREET SUITE 900  ORLANDO, FL 32801  ITILE  OC  WALLACE, DERRICK  SIRELADORSS OIL EAST FINE STREET SUITE 900  ORLANDO, FL 32801  ITILE  OC  WALLACE, DERRICK  SIRELADORSS OIL EAST FINE STREET SUITE 900  ORLANDO, FL 32801  ITILE  OC  WALLACE, DERRICK  SIRELADORSS OIL EAST FINE STREET SUITE 900  ORLANDO, FL 32801  ITI	OKLANDO	, i E 32001			Ţ							)	<i>'</i>
SIGNATURE    Signature, hypes or printed name of registered agent and size if applicable.   (INCTE: Registered Agent signature required when reinstating)   DATE					-	City		···			FL	Zip Cod	e
Pilling Fee Is \$61.25   Due by May 1, 2004   Private			or the purp	ose of changing its	registere	d office or	registere	ed agent, or bo	oth, in the State	of Flori	ida. I am fa	miliar with,	and accept
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TITLE RIGSBY, JOHN N SIREITADORESS 301 EAST PINE ST., STE. 900 CITY-ST-2IP ORLANDO, FL 32801  TITLE D MAME WALLACE, DERRICK STREET ADDRESS CITY-ST-2IP ORLANDO, FL 32801  TITLE C/D MAME WALLACE, DERRICK STREET ADDRESS								when remstating)					
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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 617, 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.

Michael EroBobroff

SIGNATURE:

1.22:04