

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90050 045 ***150.00

DOCUMENT # F06925

1. Entity Name
MID-FLORIDA AT EUSTIS, INC.



Principal Place of Business
19708 EUSTIS AIRPORT RD
P O BOX 1351
EUSTIS, FL 32727-1351 US

Mailing Address
P O BOX 1351
P O BOX 1351
EUSTIS, FL 32727 US

34032457



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2045383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIKES, BILLY G.
19708 EUSTIS AIRPORT RD
PO BOX 1351
EUSTIS, FL 32727

**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 Robert F. VASON JR. P.A. P.O. Box 1430 MT DORA, FL 32757
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3-12-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV S
NAME	THIBAUT, MICHAEL L
STREET ADDRESS	9000 NE 120TH ST
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	DPX
NAME	SPIKES, BILLY G
STREET ADDRESS	19708 EUSTIS AIRPORT RD P O BOX 1351
CITY-ST-ZIP	EUSTIS, FL 32726, 32727
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Billy Spikes Jr 3-12-04 352-383-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #