2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F06925

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

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

01212005 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	THIBAULT, MICHAEL L
STREET ADDRESS	9000 NE 120TH ST
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	DPT
NAME	SPIKES, BILLY G
STREET ADDRESS	19708 EUSTIS AIRPORT RD P O BOX 1351
CITY-ST-ZIP	EUSTIS, FL 32727
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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01/28/05-80094-005 150.00

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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 G Spikes Pres 1-26-05 352-383-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #