

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 OCT -3 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06925 1. Entity Name MID-FLORIDA AT EUSTIS, INC.					
Principal Place of Business 19646 EUSTIS AIRPORT ROAD EUSTIS, FL 32736-7268 US			Mailing Address 19646 EUSTIS AIRPORT ROAD EUSTIS, FL 32736-7268 US		
2. Principal Place of Business 19708 Eustis Airport Rd Suite, Apt. #, etc. Suite 100		3. Mailing Address 19708 Eustis Airport Rd Suite, Apt. #, etc. Suite 100		09082006 Chg-P CR2E034 (11/05)	
City & State Eustis, Florida		City & State Eustis, Florida		4. FEI Number 59-2045385	
Zip 32736		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THIBAUT, MICHAEL PO BOX 206 INDIANTOWN, FL 34956				7. Name and Address of New Registered Agent Name Michael Thibault Street Address (P.O. Box Number is Not Acceptable) 10708 Eustis Airport Rd Suite 100 Eustis City FL Zip Code 32736	
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: <i>Michael Thibault</i> (NOTE: Registered Agent signature required when reinstating) DATE: 9-28-06					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS THIBAUT, MICHAEL L ☐ Delete PO BOX 206 INDIANTOWN, FL 34956		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ☒ Change ☐ Addition Michael Thibault 19708 Eustis Airport Rd Eustis, Florida 32736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ☒ Delete SPIKES, BILLY G 19708 EUSTIS AIRPORT RD P O BOX 1361 EUSTIS, FL 32727		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ☒ Change ☒ Addition Mahmood Rahmanparast 19708 Eustis-Airport Eustis, Florida 32736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michael Thibault</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			9-28-06 Date Daytime Phone #		

10/4