

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # F06925

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



Principal Place of Business

**19708 EUSTIS AIRPORT ROAD
SUITE 100
EUSTIS, FL 32736 US**

Mailing Address

**19708 EUSTIS AIRPORT ROAD
SUITE 100
EUSTIS, FL 32736 US**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2045383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THIBAUT, MICHAEL
19708 EUSTIS AIRPORT ROAD
SUITE 100
EUSTIS, FL 32736**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT THIBAUT, MICHAEL L 19708 EUSTIS AIRPORT ROAD EUSTIS, FL 32736
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAHMANPARAST, MAHMOOD 19708 EUSTIS AIRPORT ROAD EUSTIS, FL 32736
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/03/08-80065-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Michael L Thibaut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-08
Date

853 457 6101
Daytime Phone #