


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F47363 1. Entity Name D.C. OF MID-FLORIDA, INC.	
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Principal Place of Business C/O GREG KORICA 3131 NW 13 ST., #37 GAINESVILLE, FL 32609	Mailing Address 4300 N.W. 23RD AVE STE. 48 GAINESVILLE, FL 32606 US
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2217602	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KORICA, GREG 7909 SABAL DRIVE TAMPA, FL 33637
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**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, 2005 Fee will be \$550.00**

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

U00000197201
01/26/05-80103-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HITCHCOCK, ELISE 4300 N.W. 23RD AVE, STE. 48 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KORICA, GREGORY 7909 SABAL DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUYNN, LOUISE 4300 N.W. 23RD AVE, STE. 48 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05 352-377-9618
Date Daytime Phone #