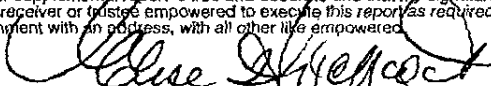


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # F47363 1. Entity Name D.C. OF MID-FLORIDA, INC.			
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	
DO NOT WRITE IN THIS SPACE			
		01212006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2217602		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORICA, GREG 7909 SABAL DRIVE TAMPA, FL 33637		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP HITCHCOCK, ELISE 4300 N.W. 23RD AVE, STE. 48 GAINESVILLE, FL	000000470333 03/28/06-80010-004 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KORICA, GREGORY 7909 SABAL DRIVE TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUINN, LOUISE 4300 N.W. 23RD AVE, STE. 48 GAINESVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 title empowered.			
SIGNATURE: 		1/26/06 353-377-9618	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	