

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002112

FILED
Mar 26, 2008
Secretary of State

Entity Name: MID-STATE CONSULTANTS, INC.

Current Principal Place of Business:

1475 NORTH 200 WEST
NEPHI, UT 84648

New Principal Place of Business:

Current Mailing Address:

1475 NORTH 200 WEST
P.O. BOX 311
NEPHI, UT 84648

New Mailing Address:

FEI Number: 87-0278655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, TERRY D
Address: 1475 NORTH 200 WEST
City-St-Zip: NEPHI, UT 84648

Title: VD () Delete
Name: RILEY, MICHAEL
Address: 1475 NORTH 200 WEST
City-St-Zip: NEPHI, UT 84648

Title: VD () Delete
Name: KIDD, STEVEN C
Address: 1475 NORTH 200 WEST
City-St-Zip: NEPHI, UT 84648

Title: ST () Delete
Name: JULIAN, NANCY
Address: 1475 NORTH 200 WEST
City-St-Zip: NEPHI, UT 84648

Title: D () Delete
Name: DEVORE, DOUGLAS
Address: 1475 NORTH 200 WEST
City-St-Zip: NEPHI, UT 84648

Title: D () Delete
Name: GADD, VANCE D
Address: 1475 NORTH 200 WEST
City-St-Zip: NEPHI, UT 84648

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY JULIAN

ST

03/26/2008

Electronic Signature of Signing Officer or Director

_____ Date