

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90036 039 ***163.75

DOCUMENT # F98000005594

1. Entity Name

MID-CONTINENTAL SECURITIES CORP.



Principal Place of Business

5150 N. TAMIAMI TRAIL
#202
NAPLES FL 34103

Mailing Address

5150 N. TAMIAMI TRAIL
#202
NAPLES FL 34103

2. Principal Place of Business

713 PINESIDE LANE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 110310
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

NAPLES, FLORIDA

City & State

NAPLES, FL

4. FEI Number

36-3706151

Applied For

Not Applicable

Zip

34108

Country

Collier

Zip

34108-0106

Country

Collier

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY, MARK
713 PINESIDE LANE
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPSP ☐ Delete
NAME ANTHONY, MARK
STREET ADDRESS 5150 N. TAMIAMI TRAIL #202
CITY-ST-ZIP NAPLES FL 34103

TITLE S ☐ Delete
NAME SUPPES, MICHELLE
STREET ADDRESS 5150 TAMIAMI TRAIL NORTH #202
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☐ Delete
NAME PLOPPI, FRANK
STREET ADDRESS 5150 TAMIAMI TRAIL, #202
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark Anthony Pres MARK ANTHONY

2/9/04 239-598-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #