

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005594

**FILED**  
**Feb 17, 2005**  
**Secretary of State**

**Entity Name:** MID-CONTINENTAL SECURITIES CORP.

**Current Principal Place of Business:**

713 PINESIDE LANE  
NAPLES, FL 34108

**New Principal Place of Business:**

1862 IVORY CANE POINTE  
NAPLES, FL 34119

**Current Mailing Address:**

P.O. BOX 110310  
COLLIER, FL 341080106

**New Mailing Address:**

P.O. BOX 110310  
NAPLES, FL 341080106

**FEI Number:** 36-3706151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANTHONY, MARK  
713 PINESIDE LANE  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

ANTHONY, MARK  
1862 IVORY CANE POINTE  
NAPLES, FL 34119 US

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:

02/17/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CPSD ( ) Delete  
Name: ANTHONY, MARK  
Address: 5150 N. TAMiami TRAIL #202  
City-St-Zip: NAPLES, FL 34103

Title: S ( ) Delete  
Name: SUPPES, MICHELLE  
Address: 5150 TAMiami TRAIL NORTH #202  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: PIOppi, FRANK  
Address: 5150 TAMiami TRAIL, #202  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CPSD (X) Change ( ) Addition  
Name: ANTHONY, MARK  
Address: 1862 IVORY CANE POINTE  
City-St-Zip: NAPLES, FL 34119

Title: S (X) Change ( ) Addition  
Name: SUPPES, MICHELLE  
Address: 1862 IVORY CANE POINTE  
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change ( ) Addition  
Name: PIOppi, FRANK  
Address: 1862 IVORY CANE POINTE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK ANTHONY

PRES

02/17/2005

Electronic Signature of Signing Officer or Director

Date