

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70891

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: MID-STATE LIGHTNING PROTECTION, INC.

## Current Principal Place of Business:

41515 ST THOMAS AVENUE  
UMATILLA, FL 32784 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 2408  
UMATILLA, FL 327842408

## New Mailing Address:

POST OFFICE BOX 2408  
UMATILLA, FL 32784 US

FEI Number: 59-2346381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALTMAN, JAMES H  
1075A ORIENTA AVENUE  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

ALTMAN, JAMES H  
41515 ST THOMAS AVE  
UMATILLA, FL 32784 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: JAMES H. ALTMAN

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: ALTMAN, JAMES H  
Address: 1075 A ORIENTA AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VPS ( ) Delete  
Name: ALTMAN, AMY G  
Address: 1075A ORIENTA AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: ALTMAN, JAMES H  
Address: 41515 ST THOMAS AVE  
City-St-Zip: UMATILLA, FL 32784 US

Title: VPS (X) Change ( ) Addition  
Name: ALTMAN, AMY G  
Address: 41515 ST THOMAS AVE  
City-St-Zip: UMATILLA, FL 32784 US

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: JAMES H. ALTMAN

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date