2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70891

FILED Apr 14, 2009 Secretary of State

Entity Name: MID-STATE LIGHTNING PROTECTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 41515 ST THOMAS AVENUE UMATILLA, FL 32784 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 2408 UMATILLA, FL 32784 FEI Number: 59-2346381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALTMAN, JAMES H ENIX, DAVID A 41515 ST THOMAS AVE 367 WEST ALFRED STREET UMATILLA, FL 32784 TAVARES, FL 32778 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: DAVID A ENIX 04/14/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ALTMAN, JAMES H Name: Name: 41515 ST THOMAS AVE Address: Address: City-St-Zip: UMATILLA, FL 32784 US City-St-Zip: Title: **VPS** () Delete Title: () Change () Addition Name: ALTMAN, AMY G Name: 41515 ST THOMAS AVE Address: Address: UMATILLA, FL 32784 US City-St-Zip: 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: DAVID A ENIX RA 04/14/2009