


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90250 039 ***158.75

DOCUMENT # G91111 1. Entity Name MID-STATE ENGINEERS & ASSOCIATES, INC.			
Principal Place of Business 308 BOLENDER ROAD BOLENDER ROAD AUBURNDAL, FL 33823 US		Mailing Address 308 BOLENDER RD BOLENDER ROAD AUBURNDAL, FL 33823 US	
2. Principal Place of Business 347 BOLENDER ROAD Suite, Apt. #, etc.		3. Mailing Address 347 BOLENDER ROAD Suite, Apt. #, etc.	
City & State AUBURNDAL, FLORIDA Zip Country 33823 USA		City & State AUBURNDAL, FLORIDA Zip Country 33823 USA	
4. FEI Number 59-1173823		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULFORD, GERALDINE 308 BOLENDER RD AUBURNDAL, FL 33823		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 347 BOLENDER ROAD AUBURNDAL, FLORIDA City FL Zip Code 33823	
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 <u>X N/A</u> DATE <u>4/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW WITH FEE IS \$150.00. After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULFORD, GERALDINE 308 BOLENDER ROAD AUBURNDAL, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULFORD, ALVIN 308 BOLENDER ROAD AUBURNDAL, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WATSON, JEANNIE 308 BOLENDER ROAD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Geraldine Mulford</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/22/04</u> DAYTIME PHONE # <u>863-965-2861</u> <small>Date Daytime Phone #</small>	