


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H58481**  
 1. Entity Name  
**MID-FLORIDA REALTY & MANAGEMENT CO., INC.**



Principal Place of Business      Mailing Address  
**5925 IMPERIAL PK**      **5925 IMPERIAL PKWY**  
**102**      **STE 102**  
**MULBERRY FL 33860**      **MULBERRY FL 33860**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)  
 4. FEI Number      Applied For  
**59-2590591**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**PATTEY, JIMMIE J**  
**5925 IMERIAL PARKWAY, SUITE #102**  
**MULBERRY FL 33860**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contribution.       **Added to Fees**

| 10. OFFICERS AND DIRECTORS |                  | <input type="checkbox"/> Delete |
|----------------------------|------------------|---------------------------------|
| TITLE                      | P                | <input type="checkbox"/>        |
| NAME                       | PATTEY, JIMMIE J |                                 |
| STREET ADDRESS             | 605 S FLORAL AVE |                                 |
| CITY-ST-ZIP                | BARTOW FL 33830  |                                 |
| TITLE                      |                  | <input type="checkbox"/>        |
| NAME                       |                  |                                 |
| STREET ADDRESS             |                  |                                 |
| CITY-ST-ZIP                |                  |                                 |
| TITLE                      |                  | <input type="checkbox"/>        |
| NAME                       |                  |                                 |
| STREET ADDRESS             |                  |                                 |
| CITY-ST-ZIP                |                  |                                 |
| TITLE                      |                  | <input type="checkbox"/>        |
| NAME                       |                  |                                 |
| STREET ADDRESS             |                  |                                 |
| CITY-ST-ZIP                |                  |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|---|--|---------------------------------|------------------------------|
| TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>     |
| NAME  |  |                                 |                              |
| STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP   |  |                                 |                              |
| TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>     |
| NAME  |  |                                 |                              |
| STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP   |  |                                 |                              |
| TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>     |
| NAME  |  |                                 |                              |
| STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP   |  |                                 |                              |
| TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>     |
| NAME  |  |                                 |                              |
| STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP   |  |                                 |                              |

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 02/11/06-80065-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Jimmie J. Pattey      Date: 1/28/06      Daytime Phone #: 863-647-1679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR