

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # H64310

1. Entity Name
MIDGARD, INC. OF FLORIDA



Principal Place of Business
**6402 HWY 60 E
LAKE WALES, FL 33853**

Mailing Address
**6402 HWY 60 E
LAKE WALES, FL 33853**



05072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1401819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIRD, BRIAN
6402 HWY 60 E
LAKE WALES, FL 33853**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROWN, ROBERT
1255 NURSERY ROAD
GREEN LANE, OH 18054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BIRD, BRIAN
6402 HWY. 60 E.
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BROWN, NANCY J
1255 NURSERY ROAD
GREEN LANE, PA 18054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000850484
06/03/08-80071-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Brian Bird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Bird 4/30/08

Date

863-696-1224

Daytime Phone #