# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K11298**

**1. Entity Name**
MID-FLORIDA CONTRACTORS OF ORLANDO, INC.

40051248

| Principal Place of Business | Mailing Address |
|---|---|
| % CARL HAGERSTROM<br>714 FRANKLIN LANE<br>ORLANDO, FL 32801 | % CARL HAGERSTROM<br>714 FRANKLIN LANE<br>ORLANDO, FL 32801 |

## DO NOT WRITE IN THIS SPACE

02022006   No Chg-P   CR2E034 (11/05)

**4. FEI Number**
59-3149701

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HAGERSTROM, CARL
714 FRANKLIN LANE
ORLANDO, FL 32801

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**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 $150.00**
**After May 1, 2006 Fee will be $550.00**

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

**10.** OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | HAGERSTROM, CARL |
| STREET ADDRESS | 714 FRANKLIN LANE |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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**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: _____   3-2-06   407 543.2 110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #