

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90031 017 \*\*\*150.00

<b>DOCUMENT # K15927</b> 1. Entity Name <b>MIDTOWN SERVICE STATION, INC.</b>					
Principal Place of Business <b>2601 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308</b>			Mailing Address <b>300 SE 2ND STREET 8TH FLOOR FORT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>65-0031755</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>JONES, PATRICIA 300 SE 2 STREET FLOOR 8 FORT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent Name <b>Robert Esposito</b> Street Address (P.O. Box Number is Not Acceptable) <b>Stiles Corporation</b> <b>300 SE 2nd Street</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33301</b>		
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:     1/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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	<b>D</b> <b>STILES, TERRY W.</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>300 SE 2ND STREET, 8TH FLOOR</b>		NAME		
STREET ADDRESS	<b>FORT LAUDERDALE, FL 33301</b>		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>PD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOGSETT, CLARK</b>		NAME		
STREET ADDRESS	<b>300 SE 2ND STREET, 8TH FLOOR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FORT LAUDERDALE, FL 33301</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:			January 31, 2008    954-627-9300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		