

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K22809

FILED
Apr 30, 2004
Secretary of State

Entity Name: MIDLAND FINANCIAL HOLDINGS, INC.

Current Principal Place of Business:

33 N. GARDEN AVENUE, STE. 1200
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

218 N. CHARLES STREET, STE. 500
BALTIMORE, MD 21201

New Mailing Address:

FEI Number: 59-2892513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, ROBERT J.
33 N GARDEN AVE, SUITE 1200
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: BANKS, ROBERT J.,
Address: 33 N GARDEN AVE, SUITE 1200
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: GLOECKL, KEITH J.,
Address: 33 N GARDEN AVE, SUITE 1200
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Delete
Name: JOSEPH, MARK
Address: 218 N. CHARLES STREET, STE. 500
City-St-Zip: BALTIMORE, MD 21201

Title: D (X) Delete
Name: FALCONE, MICHAEL
Address: 218 N CHARLES STREET STE 500
City-St-Zip: BALTIMORE, MD 21201

Title: V (X) Delete
Name: FALCONE, MICHAEL
Address: 218 N CHARLES ST, SUITE 500
City-St-Zip: BALTIMORE, MD 21201

Title: V (X) Delete
Name: HARRIS, MICHELLE
Address: 33 N. GARDEN AVE STE1200
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FALCONE, MICHAEL
Address: 621 EAST PRATT STREET, SUITE 300
City-St-Zip: BALTIMORE, MD 21202 US

Title: T (X) Change () Addition
Name: HARRISON, WILLIAM S
Address: 621 EAST PRATT STREET, SUITE 300
City-St-Zip: BALTIMORE, MD 21202 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FALCONE

D P

04/30/2004

Electronic Signature of Signing Officer or Director

Date