





2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90038 021 ***150.00

DOCUMENT # K23650 1. Entity Name MID-CITY CORP.					
Principal Place of Business PO BOX 934069 MARGATE, FL 33093 US			Mailing Address PO BOX 934069 STE 108 UNIT 202 MARGATE, FL 33093 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 934069 Suite, Apt. #, etc.			
City & State Zip Country		City & State MARGATE FL Zip Country 33093 BROWARD		4. FEI Number 65-0054274	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEARS, DAVID J 10130 NORTH LAKE BLVD., STE 214 WEST PALM BEACH, FL 33412				7. Name and Address of New Registered Agent Name DAVID J. MEARS Street Address (P.O. Box Number is Not Acceptable) 6604 N.W. 70TH ST City TAMARAC FL Zip Code 33321	
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  DATE 3-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	PO MEARS, DAVID J 6604 NW 70TH ST. TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Date 3-28-05 Daytime Phone # 954 341-9089		