

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K32521

Entity Name: MIDTOWN INSURANCE, INC.

FILED
Aug 31, 2007
Secretary of State

Current Principal Place of Business:

3424 CLEVELAND AVE.
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3424 CLEVELAND AVE.
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0090043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIRGINIA WILLIAMSON
3424 CLEVELAND AVE
FT. MYERS, FL 33901 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: DPT () Delete
Name: WILLIAMSON, VIRGINIA
Address: 6743 OVERLOOK DR
City-St-Zip: FT MYERS, FL 33919

Title: DVS () Delete
Name: PETRIK, DIANE
Address: 1377 TORREYA CIRCLE
City-St-Zip: N FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: DIANE L. PETRIK

VP

08/31/2007

Electronic Signature of Signing Officer or Director

Date