

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K55262

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** MID FLORIDA TOOL SUPPLY, INC.

**Current Principal Place of Business:**

796 WESTPINEWOOD CT  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 151411  
ALTAMONTE SPRINGS, FL 327151411 US

**New Mailing Address:**

**FEI Number:** 59-2928266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN ALSTINE, ERIC J  
796 WEST PINEWOOD CT  
LAKE MARY, FL 32746 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

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: VAN ALSTINE, ERIC  
Address: P O BOX 151411  
City-St-Zip: ALTAMONTE SPRINGS, FL 327151411

Title: VPSD  
Name: VAN ALSTINE, SHARON  
Address: P O BOX 151411  
City-St-Zip: ALTAMONTE SPRINGS, FL 327151411

I hereby 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 all other like empowered.

SIGNATURE: ERIC VAN ALSTINE

PRES

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date