

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # K59974</b>   |  |
| 1. Entity Name<br>MID-FLORIDA HOTELS, INC.                                     |  |
| Principal Place of Business<br>3810 NW BLITCHTON RD<br>OCALA, FL 34482-4062 34 | Mailing Address<br>1900 SW 60 AVE<br>OCALA, FL 34482-4062 US |



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2931760                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>TATE, MARK T<br>418 WEST PLATT STREET<br>TAMPA, FL 33606 |
|---|

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000653832  
03/13/07 20038-016 150.00

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>STEINBRENNER, GEORGE M III<br>3802 DR MLK BLVD<br>TAMPA, FL 33614         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STEIMLE, DON<br>3802 DR MLK BLVD<br>TAMPA, FL 33614                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>STEINBRENNER, HENRY G<br>3802 DR MLK BLVD<br>TAMPA, FL 33614              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>STEINBRENNER, HAROLD Z<br>3802 DR MLK BLVD<br>TAMPA, FL 33614            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STEINBRENNER, JOAN Z<br>3802 DR MARTIN LUTHER KING BLVD<br>TAMPA, FL 33614 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SWINDAL, JENNIFER S<br>3802 DR MARTIN LUTHER KING BLVD<br>TAMPA, FL        |

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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: Don Steimle Date: 1/8/07 Daytime Phone #: 352-873-2419