

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90031 046 ****50.00

DOCUMENT # L04000054338

1. Entity Name
MID FLA DEVELOPMENT SERVICES LLC



Principal Place of Business
**5754 SR 542 WEST
SUITE 4
WINTER HAVEN, FL 33880**

Mailing Address
**515 5TH STREET SW
WINTER HAVEN, FL 33880**

20039805



2. Principal Place of Business

3. Mailing Address

5754 SR 542 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #4

City & State

City & State

Winter Haven, FL

Zip

Country

Zip

Country

33880

USA

04142005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

32-0122044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXTER, HAROLD R
5754 SR 542 WEST
SUITE 4
WINTER HAVEN, FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BAXTER, HAROLD R**
STREET ADDRESS **5754 SR 542 WEST SUITE 4**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **FEASTER, RUSSELL L**
STREET ADDRESS **5754 SR 542 WEST SUITE 4**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **COOK, WILLIAM R**
STREET ADDRESS **5754 SR 542 WEST SUITE 4**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **Hatmaker, Gary**
STREET ADDRESS **5754 SR 542 EWest Suite #4**
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Hatmaker, Gary**
STREET ADDRESS **5754 SR 542 West Suite #4**
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-1505

8639650011

Date

Daytime Phone #