

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90055 043 ***150.00

DOCUMENT # L83386



1. Entity Name
 ✓ VAN MIDDLESWORTH AND COMPANY, P.A.

Principal Place of Business -- Mailing Address
 C/O CHARLES VAN MIDDLESWORTH.
 678 FOURTH STREET NORTH
 ST. PETERSBURG, FL 33701
 C/O CHARLES VAN MIDDLESWORTH
 678 FOURTH STREET NORTH
 ST. PETERSBURG, FL 33701

50007358



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3026738 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN MIDDLESWORTH, CHARLES
 678 FOURTH STREET NORTH
 ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME VAN MIDDLESWORTH, GUY G
 STREET ADDRESS 678- 4TH STREET NORTH
 CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE TD Delete
 NAME VAN MIDDLESWIRTH, CHARLES E
 STREET ADDRESS 678- 4TH STREET NORTH
 CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE SD Delete
 NAME VAN MIDDLESWORTH, JILL M
 STREET ADDRESS 678 - 4TH STREET NORTH
 CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05
 Date Daytime Phone #