## 2007 FOR PROFIT CORPORATION - ANNUAL REPORT

## **DOCUMENT # L83386**

1. Entity Name

VAN MIDDLESWORTH AND COMPANY, P.A.



Principal Place of Business

C/O CHARLES VAN MIDDLESWORTH 678 FOURTH STREET NORTH ST. PETERSBURG, FL 33701 Mailing Address

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

## FILED Apr 27, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2

CR2E034 (11/05)

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

## DO NOT WRITE IN THIS SPACE

			Mark Bu	HUNGARUS	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or o	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable, (NOTE: Register)	ed Agent signatur	s required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.	~ —	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	p. 1.5 .5 f	表式器供气物或量	1 第一个转骤多点。随此"大学",这里"大学"。
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD VAN MIDDLESWORTH, GUY G 678- 4TH STREET NORTH SAINT PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN MIDDLESWIRTH, CHARLES E 678- 4TH STREET NORTH SAINT PETERSBURG, FL 33701				05/11/07 80031-016 150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN MIDDLESWORTH, JILL M 678 - 4TH STREET NORTH SAINT PETERSBURG, FL 33701			DO	NOT WRITE
TITLE		·	v.	IN:	THIS SPACE

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 an address with an address with an address with a first proposered.

**SIGNATURE:** 

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

BIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Daytime Phone #