

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90040 005 ***150.00

DOCUMENT # P00000110020

1. Entity Name

MID-STATE INVESTMENTS, INC.



Principal Place of Business

4651 S. ATLANTIC AVENUE, #9404
PONCE INLET FL 32127

Mailing Address

4651 S. ATLANTIC AVENUE, #9404
PONCE INLET FL 32127



2. Principal Place of Business - No P.O. Box #

4767 S. ATLANTIC AVE

3. Mailing Address

4767 S. ATLANTIC AVE

Suite, Apt. #, etc.

#604

Suite, Apt. #, etc.

#604

City & State

PONCE INLET

City & State

PONCE INLET, FL

Zip

32127

Country

FLORIDA

Zip

32127

Country

FLORIDA

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3683931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, J. GORDON

4651 S. ATLANTIC AVENUE, #9404
PONCE INLET FL 32127

4767 S. ATLANTIC AVE
#604

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

J. GORDON BENNETT (PRES)

J. Gordon Bennett

2-7-07

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input type="checkbox"/> Delete
NAME	BENNETT, J. GORDON III	
STREET ADDRESS	4651 S. ATLANTIC AVENUE, #9404	
CITY - ST - ZIP	PONCE INLET FL 32127	4767 S. ATLANTIC AVE #604
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

J. GORDON BENNETT (PRES)

J. Gordon Bennett

2-7-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #