

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064704

FILED
Apr 29, 2006
Secretary of State

Entity Name: JOSEPH ZSIGA MID FLORIDA SERVICES, INC.

Current Principal Place of Business:

8713 GUM TREE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

8713 GUM TREE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-3730206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZSIGA, PATRICIA A
8713 GUM TREE
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZSIGA, JOSEPH
Address: 8713 GYM TREE AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP () Delete
Name: ZSIGA, PATRICIA
Address: 8713 GYM TREE AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S () Delete
Name: ZSIGA, JOSEPH
Address: 8713 GYM TREE AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T () Delete
Name: ZSIGA, PATRICIA
Address: 8713 GYM TREE AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ZSIGA

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date