

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED 4006'

Jan 28, 2005 08:00 AM

Secretary of State 8/c

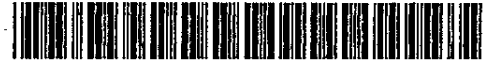
DOCUMENT # P01000095598

1. Entity Name
MIDNIGHT SUN, INC.



Principal Place of Business
1263 E. LAS OLAS BLVD., #205
FT. LAUDERDALE, FL 33301

Mailing Address
PO BOX 4249
WINTER PARK, FL 32793



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3745511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOMERSTEIN, MARK
200 E BROWARD BLVD 18TH FLOOR
FORT LAUDERDALE, FL 33301

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IN THIS SPACE**

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 _____

**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 DP
NAME SCHMIDT, CHERYL
STREET ADDRESS P.O. BOX 4249
CITY-ST-ZIP WINTER PARK, FL 32793

TITLE ST
NAME CARROLL, PATTI
STREET ADDRESS P.O. BOX 4249
CITY-ST-ZIP WINTER PARK, FL 32793

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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01/28/05-80069-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Cheryl Schmidt, Pres. 1/18/05 407-672-0330

Date

Daytime Phone #