2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 13, 2006 8:00 am
Secretary of State
03-30-2006 90032 024 ***150.00

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1. Entity Name
MIDNIGHT SUN, INC.

66005703

Principal Place of Business	Mailing Address
1263 E. LAS OLAS BLVD., #205 FT. LAUDERDALE, FL 33301	PO BOX 4249 WINTER PARK, FL 32793

02122006 No Chg-P CR2E034 (11/05)

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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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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	BIGHAM, SHANNON I
STREET ADDRESS	1263 E. LAS OLAS BLVD., #205
CITY ST ZIP	FT. LAUDERDALE, FL 33301
TITLE	VP
NAME	James B. Bryan, III
STREET ADDRESS	PO Box 4249 Winter Park, FL
CITY ST ZIP	32793
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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 all other like empowered.

SIGNATURE: Shannon I. Bigham Sec. & Treasurer 4076720330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

Shannon I. Bigham, Secretary & Treasurer