## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000016029

FILED Apr 23, 2009 Secretary of State

Entity Name: MID-FLA. CARPENTRY & INVESTMENT CORP.

Current Principal Place of Business:		New Principal Place of Business:		
	ZALEA DR. DITY, FL 34430	3		
Current Mailing Address:		New Mailing Address:		
	FICE BOX 143 SS, FL 34451	5		
El Number	: 30-0043212	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
	CHAEL TAZALEA DR	VF		
	OITY, FL 34436	S US	ourpose of changing its registere	ed office or registered agent, or both,
「he above	OITY, FL 34436	S US	ourpose of changing its registere	ed office or registered agent, or both,
The above n the State	CITY, FL 34430 named entity e of Florida. RE:	S US submits this statement for the រុ		
he above the State	CITY, FL 34430 named entity e of Florida. RE:	S US		ed office or registered agent, or both,  Date
The above of the State	e named entity e of Florida. RE: Electror	S US submits this statement for the រុ		
The above n the State SIGNATUI	e named entity e of Florida. RE: Electror	S US submits this statement for the particle of Registered Agramment Fund Contribution ( ).	ent	
The above in the State SIGNATUI SILECTION Care DFFICER: lame: ddress: bity-St-Zip:	e named entity e of Florida.  RE:  Electror  mpaign Financin  S AND DIREC  P ( HUFF, MICHAE POST OFFICE INVERNESS, F	submits this statement for the particle Signature of Registered Agray Trust Fund Contribution ( ).  TORS: Delete L BOX 1435 L 34451	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
The above to the State SiGNATUR  Rection Car  DFFICER:  attitude:  attitude:	e named entity e of Florida.  RE:  Electror  mpaign Financin  S AND DIREC  P ( HUFF, MICHAE POST OFFICE INVERNESS, F	submits this statement for the partic Signature of Registered Agray Trust Fund Contribution ( ).  TORS: Delete L BOX 1435 L 34451 Delete A DR.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL HUFF P 04/23/2009