2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 08:00 AM Secretary of State DOCUMENT # P02000024209 1. Entity Name MID FLORIDA CURB SERVICES, INC. Principal Place of Business Mailing Address 1611 - 33 1917 COLSON RD. PLANT CITY FL 33567 1917 COLSON RD. PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 45-0470893 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLOWAY, DAVID H Street Address (P.O. Box Number is Not Acceptable) **506 N ALEXANDER STREET** PLANT CITY FL 33566 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 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition TITLE ☐ Delete HILE NAMÉ SHAKES, LEAFORD NAME STREET ADDRESS 1917 COLSON RD. STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP CITY-ST ZIP ☐ Change ☐ Addition TITLE ☐ Delete THILE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete BILE DITE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 31713 ☐ Delete THE U00000217508 02/07/05-80028-014 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition titit ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change HILE BILL NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath, 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

Date

Daytme Phone #

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED