

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000032875

1. Entity Name
MID-FLORIDA PETROLEUM CONSTRUCTION, INC.



Principal Place of Business
2212 EAST 4TH AVENUE
TAMPA, FL 33605

Mailing Address
P.O. BOX 18423
TAMPA, FL 33679

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0566823

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WADSWORTH, KEITH H
130 EAST CENTRAL AVENUE
LAKE WALES, FL 33853

**DO NOT WRITE
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME EDWARDS, JOHN R
STREET ADDRESS 3309 S. SCENIC HWY
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE VD
NAME GIBSON, BRIAN D
STREET ADDRESS 5513 WINDING BROOK LANE
CITY-ST-ZIP VALRICO, FL 33954

TITLE VD
NAME SCHROM, ROBERT C
STREET ADDRESS 16924 FALCONRIDGE ROAD
CITY-ST-ZIP LITHIA, FL 33547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000838933
03/05/08-88050-015 158.75

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IN THIS SPACE**

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: *John R. Edwards* / John R. Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

813 248 4720

Daytime Phone #