

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 30 PM 12: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000049006</b> 1. Entity Name MIDNIGHT HOLDINGS, INC.			
Principal Place of Business 1020 EAST LAFAYETTE ST SUITE 206B TALLAHASSEE, FL 32301		Mailing Address 1020 EAST LAFAYETTE ST SUITE 206B TALLAHASSEE, FL 32301	
2. Principal Place of Business <i>2450 Tim Gamble Place</i> Suite, Apt. #, etc. <i>Suite 258</i> City & State <i>Tallahassee, FL</i> Zip <i>32308</i> Country <i>USA</i>		3. Mailing Address <i>2450 Tim Gamble Place</i> Suite, Apt. #, etc. <i>Suite 258</i> City & State <i>Tallahassee, FL</i> Zip <i>32308</i> Country <i>USA</i>	
4. FEI Number 04-3666760		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  BROWN, JON D 1020 EAST LAFAYETTE ST SUITE 206B TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2450 Tim Gamble Place, Suite 258</i> City <i>Tallahassee, FL</i> Zip Code <i>32308</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Jon D. Brown</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROWN, JON D 1020 EAST LAFAYETTE STREET STE 206B TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2450 Tim Gamble Place, Suite 258</i> <i>Tallahassee, FL 32308</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900036058559 05/11/04--01052--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Jon D. Brown</i> <i>04.27.04</i> <i>850-671-1230</i> <small>Date Daytime Phone #</small>	