2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000057352

1. Entity Name
MID-STATE METAL WORKS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 590003 ORLANDO, FL 32859-0003	P.O. BOX 590003 ORLANDO, FL 32859-0003

DO NOT WRITE IN THIS SPACE

03162004   No Chg-P   CR2E034 (10/03)

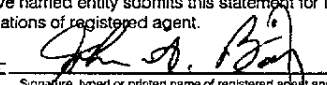| 4. FEI Number	Applied For
02-0610524	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, JOHN G
4041 TERIWOOD AVENUE
ORLANDO, FL 32812

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)

DATE 4-24-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

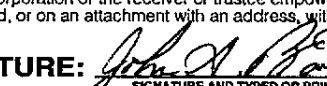9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAILEY, JOHN G
STREET ADDRESS	4041 TERIWOOD AVENUE
CITY-ST-ZIP	ORLANDO, FL 32812

TITLE	V
NAME	BAILEY, LISA L
STREET ADDRESS	4041 TERIWOOD AVENUE
CITY-ST-ZIP	ORLANDO, FL 32812

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

II00000134708
04/28/04-80029-025 150.00

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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: _____ John G. Bailey   4-24-04   407-595-6025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #