2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2004 8:00 am Secretary of State

DOCUMENT # P02000133614 1. Entity Name MID-FLORIDA TEST AND BALANCE, INC.					03-03-2004 90022 003 ***163.75					
Principal Place	e of Business									
6738 SPARR ORLANDO, FL	OWBUSH HILL 22810	6738 SPARROWBUSH ORLANDO, FL 32810	6738 SPARROWBUSH HILL ORLANDO, FL 32810				1 (1 3 5 0 11) 25 11		(B2) († 1 26)	
Principal Place of Business 3. Mailing Address										
				·	02262004	Chg-P		34 (10/03)	plied For	
_ City & State	e <u></u>	City & State :	City & State ;		4. FEI Number	3669936	<u></u>		t Applicable	
Zip	Country	Zip	Coun	try		f Status Desired	A	\$8.75 Add Fee Required		
	6. Name and Address of Cu	rent Registered Agent		Name	7. Name and A	ddress of New Re	gistered /	Agent		
	& UTRERA, P.A.			Name						
1840 SW 2 MIAMI, FL	22 ST:4TH FL 33145			Street Address (P.O. Box Number is Not Acceptable)						
,										
And the same of th				City FL Zip Code						
8. The above the obligat	named entity submits this statem ions of registered agent.	ent for the purpose of changing its	register	ed office or register	red agent, or both	, in the State of Flor	rida. Iam	familiar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered	Lagent and title if applicable. (NOT	E: Registere	d Agent signature required	1 when reinstating)		DATE	•		
THE THE	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$5	i50.00 Trust Fund Con			.00 May Be led to Fees	·		,		
	PSTD OFFICERS	AND DIRECTORS	11.	-		HANGES TO OFFI	CERS AND		S IN 11 Addition	
TITLE Name	ESPOSITO, RAYMOND J	☐ Deleie	TITL NAM	1				C Change	. [_] //(dibbit	
STREET ADDRESS CITY-ST-ZIP	6738 SPARROWBUSH HILI ORLANDO, FL 32810	-		ET ADDRESS - ST-ZIP					ļ	
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CITY-ST-ZIP				-ST-ZIP			· ·	-		
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CITY-ST-ZIP	egg kan ef langkin kenal Kalamanian in langkan		CIT	/-ST-ZIP		· · ·				
12. Thereby indicated of the co	certify that the information supplied on this report or supplemental reportation or the receiver or trustee	ed with this filing does not qualify for the port is true and accurate and the empowered to execute this report toos, with all other like empowered.	or the exe my signa it as requ	emption stated in S ature shall have the iired by Chapter 60	ection 119.07(3)(i same legal effect 7, Florida Statutes), Florida Statutes. I as if made under os; and that my name	I further ce path; that I e appears	rtify that the i am an officer in Block 10 o	nformation or director Block 11 if	

SIGNATURE: Chymn	128	most	Raymond	J.	Esposito	2-29-04	321-231-676/
GIGNATURE A	YPED OR	AINTED NAME OF SIGNING	OFFICER OR DIRECTOR		7	Date	Daytime Phone #