2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 30, 2004 8:00 am Secretary of State **DOCUMENT # P03000028699** 09-30-2004 90011 045 ***158.75 MIDLAND PROPERTIES & MANAGEMENT COMPANY, INC. 54073616 Principal Place of Business Mailing Address ATTN: ANTHONY MORRA ATTN: ANTHONY MORRA 25425 BABETTE COURT 25425 BABETTE COURT PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 2. Principal Place of Business 25725 Babette 3. Mailing Address 30me Suite, Apt. #, etc Suite, Apt. #, etc. 09082004 __ Chg-P __ ___CR2E034.(10/03) Ponta Gorda -400 924 Not Applicable Country \$8.75 Additional Same 5. Certificate of Status Desired same Charlotte Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRA, ANTHONY M Street Address (P.O. Box Number is Not Acceptable) 25425 BABETTE COURT PUNTA GORDA, FL 33983 City 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. September 14,2004 SIGNATURE NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition MORRA, ANTHONY M NAME NAME STREET ADDRESS 25425 BABETTE COURT STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 CHY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . 🔲 Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-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 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. September 24,2004