

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118978

FILED
May 13, 2007
Secretary of State

Entity Name: MID COUNTY PROPERTIES INC.

Current Principal Place of Business:

4920 15TH.AVE.S
5
GULFPORT, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 8809
SEMINOLE, FL 33711 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AFFORDABLE REALTY AND P.M INC.
4920 15TH.AVE.S.
5
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIMSHONI, MICHAEL M
Address: 525 49TH.STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33711 US

Title: VP () Delete
Name: SHIMSHONI, MICHAEL
Address: 525 49TH.STREET N.
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE SHIMSHONI

P

05/13/2007

Electronic Signature of Signing Officer or Director

Date