


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90158 011 ***150.00

DOCUMENT # P03000124009 1. Entity Name MIDKIFF CONSTRUCTION SERVICES, INC.					
Principal Place of Business 7902 SPRING VALLEY DR TAMPA, FL 33615				Mailing Address 7902 SPRING VALLEY DR TAMPA, FL 33615	
2. Principal Place of Business 7902 SPRING VALLEY DR				3. Mailing Address SAME	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State TAMPA, FL				City & State	
Zip 33615		Country USA		4. FEI Number 731685543	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PRESSLEY, TORI 3238 ADDISON LANE TALLAHASSEE, FL 32317				7. Name and Address of New Registered Agent Name Kenneth W. MIDKIFF Street Address (P.O. Box Number is Not Acceptable) 7902 SPRING VALLEY DRIVE City TAMPA FL Zip Code 33615	
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>Kenneth W. Midkiff</i> KENNETH W MIDKIFF 3-9-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PT MIDKIFF, KENNETH W 100 EAST BUNKER STREET MADISON, FL 32340		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER MIDKIFF, KENNETH W 7902 SPRING VALLEY DR. TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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: Kenneth W MIDKIFF <i>Kenneth W Midkiff</i> 3-9-05 813-888-8680 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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