

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90194 008 \*\*\*158.75

**DOCUMENT # P03000157043**

1. Entity Name

MIDAS ADVISORY GROUP, INC.



Principal Place of Business

2 MEANS BLUFF WAY  
SHELDON SC 29941

Mailing Address

2 MEANS BLUFF WAY  
SHELDON SC 29941



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **58-2677923**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOEL SANDERS & COMPANY, PA  
1535 N. PARK DRIVE  
SUITE 103  
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

NAME: P THORNE, LONDON  
STREET ADDRESS: 2 MEANS BLUFF WAY  
CITY- ST- ZIP: SHELDON SC 29941 ☐ Delete

NAME: V THORNE, MARY L  
STREET ADDRESS: 2 MEANS BLUFF WAY  
CITY- ST- ZIP: SHELDON SC 29941 ☒ Delete

NAME: S HUGHES, MARY  
STREET ADDRESS: 1693 FISHER RD.  
CITY- ST- ZIP: VARNVILLE SC 29944 ☐ Delete

NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an other who empowered.

**SIGNATURE:**

*Landon K. Thorne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/07 843.846-6088