

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157153

Entity Name: MI-DI BUILDERS, INC.

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 60
SPARR, FL 32192

New Principal Place of Business:

4149 N CONCORD DRIVE
CRYSTAL RIVER, FL 32192

Current Mailing Address:

P.O. BOX 60
SPARR, FL 32192

New Mailing Address:

FEI Number: 20-0514209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUNDER, TRACIE P EA, CB
234 SE 1ST ST
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

TRACIE P MAUNDER EA CB INC
20 NE 3RD ST
STE B
WILLISTON, FL 32696 US

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: TRACIE P MAUNDER

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEWART, THOMAS W
Address: P.O. BOX 60
City-St-Zip: SPARR, FL 32192

Title: VP () Delete
Name: CACCAMO, JOSEPH
Address: 4149 N CONCORD DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34428

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 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: THOMAS STEWARD

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date