

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024961

Entity Name: MID-FLORIDA FINANCIAL, INC.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

P O BOX 451328
KISSIMMEE, FL 34745

New Principal Place of Business:

P O BOX 451328
KISSIMMEE, FL 34745 US

Current Mailing Address:

P O BOX 451328
KISSIMMEE, FL 34745

New Mailing Address:

P O BOX 451328
KISSIMMEE, FL 34745 US

FEI Number: 20-0688289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, MICHAEL E
1006 COLUMBIA AVE
KISSIMMEE, FL 347443513 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ROTH, MICHAEL E
Address: 1006 COLUMBIA AVE
City-St-Zip: KISSIMMEE, FL 347443513

Title: SD () Delete
Name: ROTH, JOAN M
Address: 1006 COLUMBIA AVE
City-St-Zip: KISSIMMEE, FL 347443513

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: MICHAEL E. ROTH

PTD

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date