## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000024961

Entity Name: MID-FLORIDA FINANCIAL, INC

KISSIMMEE, FL 347446656

City-St-Zip:

FILED Jan 19, 2009 Secretary of State

|   | IIIO IVIID I EOI  | TAID/ THAY HACIFAE, HAC.   |  |                                      |
|---|---|--|--|--------------------------------------|
| Current Principal Place of Business:        |   |  | New Principal Place of Business:             |                                      |
| 1504 SKYL<br>KISSIMME                       | LINE DR.<br>E, FL 34745                                 | US   | 1504 SKYLINE DR.<br>KISSIMMEE, FL 34744      | US                                   |
| Current Mailing Address:                    |   |  | New Mailing Address:                         |                                      |
| P O BOX 4<br>KISSIMME                       | 151328<br>E, FL 34745                                   | US   |  |                                      |
| FEI Number:                                 | : 20-0688289  | FEI Number Applied For()   | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )    |
| Name and                                    | Address of C  | Current Registered Agent:  | Name and Address of                          | New Registered Agent:                |
| The above                                   | LINE DR.<br>EE, FL 34744                                |  | ourpose of changing its registered o         | office or registered agent, or both, |
| SIGNATUR                                    | RE:   |  |  |                                      |
| Election Car                                |   | nic Signature of Registered Ago<br>g Trust Fund Contribution (  ). | ent  | Date                                 |
| OFFICERS AND DIRECTORS:                     |   |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                      |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PTD ()<br>ROTH, MICHAE<br>1504 SKYLINE<br>KISSIMMEE, FI | DR.  | Title: ( Name: Address: City-St-Zip:         | ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:                 | SD ()<br>ROTH, JOAN M<br>1504 SKYLINE                   |  | Title: (<br>Name:<br>Address:                | ) Change ()Addition                  |

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: MICHAEL E. ROTH P 01/19/2009