

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113772

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: MID FLORIDA PROFESSIONAL GROUP, INC.

## Current Principal Place of Business:

3501 WEST VINE STREET  
SUITE 311  
34741, FL 34741 US

## Current Mailing Address:

603 CAMEL LANE  
KISSIMMEE, FL 34759 FL

## New Principal Place of Business:

3501 WEST VINE STREET  
SUITE 262  
KISSIMMEE, FL 34741 US

## New Mailing Address:

3501 W VINE ST  
STE 262  
KISSIMMEE, FL 34741 FL

FEI Number: 20-1497056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAZA, JESSICA I  
603 CAMEL LANE  
KISSIMMEE, FL 34759 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: P ( ) Delete  
Name: DAZA, JESSICA I  
Address: 603 CAMEL LANE  
City-St-Zip: KISSIMMEE, FL 34759 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BEITIA, AMANDA E  
Address: 603 CAMEL LANE  
City-St-Zip: KISSIMMEE, FL 34759 US

Title: D ( ) Change (X) Addition  
Name: DAZA, MELISSA A  
Address: 603 CAMEL LANE  
City-St-Zip: KISSIMMEE, FL 34759 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JESSICA DAZA

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date