## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2005 8:00 am Secretary of State

DOCUMENT # P04000120875  1. Entity Name MID-FLORIDA TRANSFER, INC.								03-15-2005 9	0024 01	130	.00
Principal Place of Business 1803 N. WATERMAN DR. VALRICO, FL 33594			18	Mailing Address 1803 N. WATERMAN DR. VALRICO, FL 33594							
2. Principal Place of Business			3. N	3. Mailing Address							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			02232005	Chg-P	CR2E0	34 (10/03)	
City & State				City & State			4. FEI Number	-15243	80	No	plied For t Applicable
Zip	Country		Z	ip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Curre	ent Regist	ered Agent	-		7. Name and A	ddress of New Re	gistered /	\gent	
EDMONDSON, RONALD 1803 N. WATERMAN DR. VALRICO, FL 33594						Street Address (P.O. Box Number is Not Acceptable)					
						Cily	. <u>, ,</u>	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL	Zip Code	,
	named entity tions of registe	submits this statemen ared agent.	nt for the p	urpose of changing its	register	ed office or registe	red agent, or both,	in the State of Flor	rida. I am	familiar with,	and accept
SIGNATURE	Signature, typed o	or printed name of registered as	gent and title of	applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 9. Election Campaign Trust Fund Contribut						1		•			
After Ma	E NOW!!! ay 1, 2005	FEE IS \$150.00 Fee will be \$55	0.00			ncing \$5 Add	.00 May Be ded to Fees		<u></u>		. ' .
After Ma	E NOW!!! ay 1, 2005	FEE IS \$150.00 Fee will be \$55 OFFICERS A		Trust Fund Con		neing \$5	ded to Fees	HANGES TO OFFIC	CERS AND	DIRECTORS	S IN 11
10.	ay 1, 2005	OFFICERS A		Trust Fund Con	tribution.		ded to Fees	HANGES TO OFFIC	CERS AND	DIRECTORS	S IN 11
After Ma	D EDMONDS 1803 N. W	Fee will be \$55		Trust Fund Con	11. TITU NAM		ded to Fees	HANGES TO OFFIC	CERS AND		
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12. Thereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE:

SIGN