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# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000129539		
1. Entity Name MID-STATE WINDOW REPAIR AND INSTALLATION, INC.		

Principal Place of Business 319 NORTH ADAMS STREET BUSHNELL, FL 33513	Mailing Address PO BOX 265 CENTER HILL, FL 33514
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**DO NOT WRITE IN THIS SPACE**



08152006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1773271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRANKLIN, RONALD E  
7152 SUNNYSIDE DRIVE  
LEESBURG, FL 34748

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP ALVARADO, ARTURO POST OFFICE BOX 265 CENTER HILL, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDONA, JACOB PO BOX 951 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000575684  
08/30/06-80005-005 150.00

U00000575684  
08/30/06-80005-006 8.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Arturo Alvarado 8-28-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #