

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129539

FILED  
May 22, 2007  
Secretary of State

**Entity Name:** MID-STATE WINDOW REPAIR AND INSTALLATION, INC.

**Current Principal Place of Business:**

319 NORTH ADAMS STREET  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 265  
CENTER HILL, FL 33514

**New Mailing Address:**

319 NORTH ADAMS ST  
BUSHNELL, FL 33513

**FEI Number:** 20-1773271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANKLIN, RONALD E  
7152 SUNNYSIDE DRIVE  
LEESBURG, FL 34748 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVP ( ) Delete  
Name: ALVARADO, ARTURO  
Address: POST OFFICE BOX 265  
City-St-Zip: CENTER HILL, FL 33514

Title: S ( ) Delete  
Name: CARDONA, JACOB  
Address: PO BOX 951  
City-St-Zip: WILDWOOD, FL 34785

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPVP (X) Change ( ) Addition  
Name: ALVARADO, ARTURO  
Address: 319 NORTH ADAMS ST  
City-St-Zip: BUSHNELL, FL 33513

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ARTURO ALVARADO

DPVP

05/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date