



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90183 038 \*\*\*150.00

<b>DOCUMENT # P05000134513</b> 1. Entity Name <b>MID STATE MATERIALS CORP.</b>					
Principal Place of Business <b>6401 WINKLER ROAD FORT MYERS, FL 33919</b>				Mailing Address <b>6401 WINKLER ROAD FORT MYERS, FL 33919</b>	
2. Principal Place of Business <i>2165 US Hwy 27 So</i> Suite, Apt. #, etc.		3. Mailing Address <i>2165 US Hwy 27 So</i> Suite, Apt. #, etc.			
City & State <i>Lake Placid FL</i>		City & State <i>Lake Placid FL</i>		4. FEI Number <b>20-5072806</b>	
Zip <b>33852</b>		Country <i>Highlands</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ATTREE, RUSS-</b> <b>6401 WINKLER ROAD</b> <b>FORT MYERS, FL 33919</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>ATTREE, RUSS</b> <b>6401 WINKLER ROAD</b> <b>FORT MYERS, FL 33919</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2165 US Hwy 27 So</i> <i>Lake Placid FL 33852</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/28/06 (863) 699-4044 Date Daytime Phone #		