2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 08:00 A Secretary of State

ANNUAL REPORT					Feb 11, 2008 08:0			
DOCUMENT # P06000150012 1. Entity Name MID FLORIDA DEALERS, INC.			Secretary of S					
1816 SW 29TH TERRACE 1		Mailing Address 1816 SW 29TH TERRACE OCALA, FL 34474		1 1 1 1 1 1 1 1 1 1	IN BRID BINI RENI BENI BRIN BRIZI IIRKI BINI BRIN BRIN BRID NEIR NEIR HERER H IZRI			
DO NOT WRITE IN THIS SPA				02022008 No Chg-P CR2E034 (11/05) 4. FEI Number				
SISE, JOHN A 1816 SW 29TH TERRACE OCALA, FL 34474 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			ed office or re	IN .	NOT WI	ACE	nd accept	
SIGNATURE.	Signature, typed or privited name of registered agent and til	e if applicable (NOTE: Registere	d Agent signature n	equired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE TITLE TITLE	OFFICERS AND DIRE P SISE, JOHN A 1816 SW 29TH TERRACE OCALA, FL 34474	CTORS			00000082 02/20/08-80 NOT WI		00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25-8

352-425-4574

Daytime Phone #