

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000027859

FILED
Apr 28, 2008
Secretary of State

Entity Name: MID STATE HOME REPAIRS & MAINTENANCE INC

Current Principal Place of Business:

278 JACKSON STREET
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

278 JACKSON STREET
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 20-8566510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, BILLY
498 WEST 7TH STREET
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

SMERDELL, SONYA J
278 JACKSON STREET
LAKE WALES, FL 33859 US

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: SONYA J. SMERDELL

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SMERDELL, PAUL
Address: 278 JACKSON ST.
City-St-Zip: LAKE WALES, FL 33859

Title: T () Delete
Name: ROSS, BILL
Address: 498 WEST 7TH STREET
City-St-Zip: FROSTPROOF, FL 33843

Title: T (X) Delete
Name: WATTS, MATTHEW D
Address: 343 N. LAKE REEDY
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SMERDELL, PAUL M
Address: 278 JACKSON STREET
City-St-Zip: LAKE WALES, FL 33859

Title: VPS (X) Change () Addition
Name: SMERDELL, SONYA J
Address: 278 JACKSON STREET
City-St-Zip: LAKE WALES, FL 33859

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: SONYA J. SMERDELL

VPS

04/28/2008

Electronic Signature of Signing Officer or Director

Date