2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2009
Secretary of State

DOCUMENT# P08000038661

Entity Name: MIDPOINT PROFESSIONAL SERVICES INC.

Current Principal Place of Business:

445 LEAWOOD CIRCLE
NAPLES, FL 34104

New Principal Place of Business:

10898 CITRUS DRIVE
BONITA SPRINGS, FL 34135

Current Mailing Address:

445 LEAWOOD CIRCLE
NAPLES, FL 34104

New Mailing Address:

10898 CITRUS DRIVE
BONITA SPRINGS, FL 34135

FEI Number: 26-2420146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, VICKI L
445 LEAWOOD CIRCLE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

MARTINEZ, VICKI L
6641 GOLDEN GATE PARKWAY
NAPLES, FL 34105 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: VICKI MARTINEZ 07/05/2009
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: P ( ) Delete
Name: MARTINEZ, VICKI L
Address: 445 LEAWOOD CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete
Name: MARTINEZ, ROBERT T
Address: 445 LEAWOOD CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: D (X) Delete
Name: TREJO, RAYMOND S
Address: 10898 CITRUS DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARTINEZ, VICKI L
Address: 6641 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34105

Title: VP (X) Change ( ) Addition
Name: TREJO, RAYMOND
Address: 10898 CITRUS DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: VICKI MARTINEZ P 07/05/2009
Electronic Signature of Signing Officer or Director Date