

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90105 004 \*\*\*150.00

**60021473**



01062006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P27327</b>					
1. Entity Name <b>MID-STATE HOLDINGS CORPORATION</b>					
Principal Place of Business <b>4211 W BOY SCOUT BLVD SUITE 1000 TAMPA, FL 33607 US</b>			Mailing Address <b>4211 W BOY SCOUT BLVD SUITE 1000 TAMPA, FL 33607 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>13-3429805</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	<b>S</b> <input type="checkbox"/> Delete				
NAME	<b>PATRICK, VICTOR P</b>				
STREET ADDRESS	<b>4211 W. BOYSCOUT BLVD.</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>				
TITLE	<b>PD</b> <input type="checkbox"/> Delete				
NAME	<b>TROY, JOSEPH J</b>				
STREET ADDRESS	<b>4211 W BOY SCOUT BLVD</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>				
TITLE	<b>AT</b> <input type="checkbox"/> Delete				
NAME	<b>EISCH, CYNTHIA B</b>				
STREET ADDRESS	<b>4211 W BOY SCOUT BLVD.</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>				
TITLE	<b>VD</b> <input type="checkbox"/> Delete				
NAME	<b>CAUTHEN, CHARLES E</b>				
STREET ADDRESS	<b>4211 W BOY SCOUT BLVD</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>				
TITLE	<b>TV</b> <input type="checkbox"/> Delete				
NAME	<b>DEARDEN, MILES C III</b>				
STREET ADDRESS	<b>4211 W. BOY SCOUT BLVD.</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	<b>EVCFO</b>				
STREET ADDRESS	<b>PEREZ, KIMBERLY A.</b>				
CITY-ST-ZIP	<b>4211 W Boy Scout Blvd. Tampa, FL 33607</b>				
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.					
<b>MID-STATE HOLDINGS CORPORATION</b> <b>SIGNATURE: Cynthia B. Eisch</b> Assistant Treasurer 2/15/2006 813-871-4066 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					