

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000084290

1. Entity Name
MID STATE CONSTRUCTION PRODUCTS, INC.



Principal Place of Business
**6110 EDGEWATER DRIVE
UNIT H
ORLANDO, FL**

Mailing Address
**POST OFFICE BOX 1214
WINTER PARK, FL 32790**

DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3270263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENSEL, CHARLES
151 OAKVIEW CIRCLE
P.O. BOX 1214
LAKE MARY, FL 32746**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000130033
04/26/04-80102-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HENSEL, CHARLES**
STREET ADDRESS **151 OAKVIEW CIRCLE (P.O. BOX 1214)**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **VP**
NAME **VANEK, DIANE**
STREET ADDRESS **151 OAKVIEW CIRCLE (P.O. BOX 1214)**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **S**
NAME **MCRIGHT, JAMES C III**
STREET ADDRESS **3716 BRADLEY AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____