

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 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



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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)

3/24/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution** ☐

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

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

11000000277980
03/28/05-80007-025 150.00

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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:

Charles Hensel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05
Date

Daytime Phone #