


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000084290 1. Entity Name MID STATE CONSTRUCTION PRODUCTS, INC.	
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Principal Place of Business 6110 EDGEWATER DRIVE UNIT H ORLANDO, FL	Mailing Address POST OFFICE BOX 1214 WINTER PARK, FL 32790
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02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3270263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent HENSEL, CHARLES 151 OAKVIEW CIRCLE P.O. BOX 1214 LAKE MARY, FL 32746
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**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

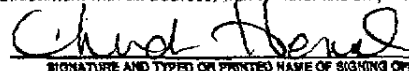
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

100000462224
03/21/06-80028-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENSEL, CHARLES 151 OAKVIEW CIRCLE (P.O. BOX 1214) LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANEK, DIANE 151 OAKVIEW CIRCLE (P.O. BOX 1214) LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCRIGHT, JAMES C III 3716 BRADLEY AVENUE 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 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06 **4077400454**
Date Daytime Phone