

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90502 043 ***150.00

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DOCUMENT # P94000093287 1. Entity Name MIDDLETON, INC.					
Principal Place of Business 1175 CENTRAL FLORIDA PKWY STE 3000 LONGWOOD, FL 32750 US			Mailing Address PO BOX 677 DES MOINES, IA 50303 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3930 GRAND AVE Suite, Apt. #, etc. #308			
City & State		City & State DES MOINES, IA		4. FEI Number 42-1131987	
Zip 50312		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLETON, LYLE D 2124 VALLEY DRIVE DES MOINES, IA 50321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLETON, LYLE D. 3930 GRAND AVE., #308 DES MOINES, IA 50312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIDDLETON, MARY M 2124 VALLEY DR DES MOINES, IA 50321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/V/S MIDDLETON, MARY M 3930 GRAND AVE., #308 DES MOINES, IA 50312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MIDDLETON, JOAN E 3930 GRAND AVE., #308 DES MOINES, IA 50312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLETON, ANNE E 3930 GRAND AVE., #308 DES MOINES, IA 50312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLETON-BERING, SARA I 3930 GRAND AVE., #308 DES MOINES, IA 50312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERING, VITUS 3930 GRAND AVE., #308 DES MOINES, IA 50312	
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: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> Mary M. Middleton 4/28/05 505/277-6098 </div> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone </div>					