

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093287

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: MIDDLETON, INC.

## Current Principal Place of Business:

1175 CENTRAL FLORIDA PKWY  
STE 3000  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

3930 GRAND AVE  
# 308  
DES MOINES, IA 50312 US

## New Mailing Address:

FEI Number: 42-1131987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS  
Name: MIDDLETON, MARY M  
Address: 3930 GRAND AVE, # 308  
City-St-Zip: DES MOINES, IA 50312 US

Title: TD  
Name: MIDDLETON, JOAN E  
Address: 3930 GRAND AVE, # 308  
City-St-Zip: DES MOINES, IA 50312 US

Title: D  
Name: MIDDLETON, ANNE E  
Address: 3930 GRAND AVE, # 308  
City-St-Zip: DES MOINES, IA 50312 US

Title: D  
Name: MIDDLETON-BERING, SARA I  
Address: 3930 GRAND AVE, # 308  
City-St-Zip: DES MOINES, IA 50312 US

Title: D  
Name: BERING, VITUS  
Address: 3930 GRAND AVE, # 308  
City-St-Zip: DES MOINES, IA 50312 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY M. MIDDLETON

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date