

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90093 050 ***150.00

DOCUMENT # P95000049906

1. Entity Name
MIDCOAST ENTERPRISES, INC.



Principal Place of Business
**2560-3 E. ARAGON BLVD
FT. LAUDERDALE, FL 33313**

Mailing Address
**C/O JOEL KRAUSS
8055 RIVER COUNTRY DR.
SPRING HILL, FL 34607**



2. Principal Place of Business

3. Mailing Address

8055 RIVER COUNTRY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022005 Chg-P CR2E034 (10/03)

City & State

City & State

Spring Hill, FL

4. FEI Number

59-3323672

Applied For

Not Applicable

Zip

Country

Zip

Country

34607

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAUSS, JOEL
8055 RIVER COUNTRY
SPRING HILL, FL 34607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRAUSS, JOEL
8055 RIVER COUNTRY
SPRING HILL, FL 34607**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 #

4-18-05

954-720-5630