

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90148 032 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # P95000061706 1. Entity Name MID TOWN CONSTRUCTION COMPANY, INC. | | | |
| Principal Place of Business 2820 TENNIS CLUB DR APT 211 W PALM BEACH, FL 33417 | | Mailing Address P.O. BOX 67 LAKE WORTH, FL 33460 | |
| 2. Principal Place of Business PETER SMITH Suite, Apt. #, etc. 2010 Village Grove Blvd City & State Sebring FL Zip 33870-4225 | | 3. Mailing Address P.O. Box 7611 Suite, Apt. #, etc. Sebring City & State FL Zip 33872 | |
| 4. FEI Number 59-3337496 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent SMITH, PETER 2820 TENNIS CLUB DR APT 211 W PALM BEACH, FL 33417 | |
| 7. Name and Address of New Registered Agent Name Noter Smith Street Address (P.O. Box Number is Not Acceptable) 2010 Village Grove Blvd City Sebring | | State FL | |
| 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 line if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 P | NAME SMITH, PETER | TITLE Change | ADDITION <input type="checkbox"/> |
| STREET ADDRESS 2820 TENNIS CLUB DR | CITY-ST-ZIP W PALM BEACH, FL 33417 | STREET ADDRESS 2010 Village Grove Blvd | CITY-ST-ZIP Sebring FL 33870-4225 |
| TITLE V | NAME GLASGOW, J C | TITLE Change | ADDITION <input type="checkbox"/> |
| STREET ADDRESS 1525 N BEALE RD #4 | CITY-ST-ZIP MARYVILLE, CA 95901 | STREET ADDRESS 2010 Village Grove Blvd | CITY-ST-ZIP Sebring FL 33870-4225 |
| TITLE PETER SMITH | NAME 2010 Village Grove Blvd | TITLE Change | ADDITION <input type="checkbox"/> |
| STREET ADDRESS Sebring FL 33870-4225 | CITY-ST-ZIP Sebring FL 33870-4225 | STREET ADDRESS 2010 Village Grove Blvd | CITY-ST-ZIP Sebring FL 33870-4225 |
| TITLE Change | ADDITION <input type="checkbox"/> | TITLE Change | ADDITION <input type="checkbox"/> |
| STREET ADDRESS 2010 Village Grove Blvd | CITY-ST-ZIP Sebring FL 33870-4225 | STREET ADDRESS 2010 Village Grove Blvd | CITY-ST-ZIP Sebring FL 33870-4225 |
| TITLE Change | ADDITION <input type="checkbox"/> | TITLE Change | ADDITION <input type="checkbox"/> |
| STREET ADDRESS 2010 Village Grove Blvd | CITY-ST-ZIP Sebring FL 33870-4225 | STREET ADDRESS 2010 Village Grove Blvd | CITY-ST-ZIP Sebring FL 33870-4225 |
| 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: Noter Smith President | | Date: 4/20/06 Daytime Phone #: 863 386 4053 | |