

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90024 044 ***150.00

DOCUMENT # P95000061706 1. Entity Name MID TOWN CONSTRUCTION COMPANY, INC.					
Principal Place of Business PETER SMITH 2010 VILLAGE GROVE BLVD SEBRING, FL 33870-4225				Mailing Address PO BOX 7611 SEBRING, FL 33872	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2010 Village Grove Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 108		04112007 Chg-P CR2E034 (12/06)	
City & State		City & State Sebring FL 33870		4. FEI Number 59-3337496	
Zip		Zip 33870		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country Highland		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, PETER 2010 VILLAGE GROVE BLVD SEBRING, FL 33870-4221				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	V GLASGOW, J C 1525 N BEALE RD #4 MARYVILLE, CA 95901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, PETER 2010 VILLAGE GROVE BLVD SEBRING, FL 338704225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Peter Smith</i> <i>Peter Smith</i> 4/18/07 863 386 4053					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					