2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2008 8:00 am Secretary of State

DÔCUMENT # P95000061706 1. Entity Name MID TOWN CONSTRUCTION COMPANY, INC.					04-15-2008 90012 033 ***150.00				
Principal Place of Business PETER SMITH 2010 VILLAGE GROVE BLVD SEBRING, FL 33870-4225		Mailing Address 2010 VILLAGE GROVE BLVD 108 SEBRING, FL. 33870			. 50002542				
2. Principal P	tace of Business - No P.O. Box #	3. Majling Address OBX 76 11 Suite. ApJ. #, etc.							
Segring n		Segung 71 338		72			CR2E034 (12/06)	· · · · · · · · · · · · · · · · · · ·	
City & Stat	e /	City & State			4. FEI Number 59-333			oplied For ot Applicable	
Zip 33 8	Country Country High Care 6. Name and Address of Current	Zip 3387%	Country Hughla	und		of Status Desired	\$8.75 Ade Fee Require		
SMITH, PETER 2010-VILLAGE GROVE BLVD SEBRING FE 33870 4221— PETER SMITH 8187 Consinel Lane				Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Cox upsel lane City L. Game H. FL. Zip Code 27000 C.					
	named entity submits this statement for	r the purpose of changing it	s registered office o	r register	ed agent, or bo	th, in the State of Flo			
the obligations of registered agent. SIGNATURE Signature, lyped or printed wither of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME	V GLASGOW, J C	☐ Delete	TITLE NAME	PR	uali	nt	- Change	Addition	
STREET ADDRESS	1525 N BEALE RD #4		STREET ADDRESS	650	tu ,	Jonest	1.1.	. 7/12-01-	
CITY-ST-ZIP	MARYVILLE, CA 95901	Delate	CITY-ST-ZIP	818	1 620	epret a	na Worng	Addition	
NAME	SMITH, PETER	CLI Delote	NAME				Storige		
STREET ADDRESS CITY-ST-ZIP	2010 VILLAGE GROVE BLVD SEBRING, FL 338704225		STREET ADDRESS CITY-ST-ZIP						
TITLE	OLDININO, I E 330104223	☐ Delete	TITLE	 -			☐ Change	Addition .	
NAME STREET ADDRESS			NAME STREET ADDRESS						
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STREET ADDRESS			STREET ADDRESS	1				·	
12. I hereby	certify that the information supplied with	this filing does not qualify	CITY-ST-ZIP for the exemptions of	contained	in Chapter 119	9. Florida Statutes 1	further certify that the	information	
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: MILL SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Date Dispute Phone .									