


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90021 025 ***158.75

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|---|---|
| DOCUMENT # P97000013658 1. Entity Name TROMBLE AND COMPANY MIDSTATE, INC. |  |
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| Principal Place of Business 1853 ROYALVIEW DRIVE PORT CHARLOTTE, FL 33948 | Mailing Address 1853 ROYALVIEW DRIVE PORT CHARLOTTE, FL 33948 |
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|--|---------------------------------------|
| 4. FEI Number 65-0727975 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TROMBLE, RICK 1853 ROYALVIEW DRIVE PORT CHARLOTTE, FL 33948 |
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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD TROMBLE, RICK A 1853 ROYALVIEW DR PT CHARLOTTE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 an owner like empowerment.

SIGNATURE:  **1/5/05** **941-255-5405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #