


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 033 ***150.00

DOCUMENT # P97000042123			
1. Entity Name MIDAS REALTY AND FINANCE INC.			
Principal Place of Business 347 CHICAGO WAY NE LAKE PLACID, FL 33852		Mailing Address P.O. BOX 1127 LAKE PLACID, FL 33852	
2. Principal Place of Business - No P.O. Box # 4601 ADRIENNE ST Suite, Apt. #, etc.		3. Mailing Address 4601 ADRIENNE ST Suite, Apt. #, etc.	
City & State SEBRING, FL		City & State SEBRING FL	
Zip 33872	Country	Zip 33872	Country
6. Name and Address of Current Registered Agent PETTIGREW, DENVER 347 CHICAGO WAY NE LAKE PLACID, FL 33852		7. Name and Address of New Registered Agent Name: DENVER PETTIGREW Street Address (P.O. Box Number is Not Acceptable) 4601 ADRIENNE ST City: SEBRING FL Zip Code: 33872	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P PETTIGREW, DENVER P.O. BOX 1127 LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4601 ADRIENNE ST SEBRING FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETTIGREW, LORNA A P.O. BOX 1127 LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4601 ADRIENNE ST SEBRING FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>D Pettigrew - President</u>		Date: <u>4/30/08</u> Daytime Phone #: <u>863-465-7535</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

