


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000079859

1. Entity Name
MIDNIGHT RODEO, INC.



Principal Place of Business
**718 S. PINE AVE
 OCALA, FL 34474**

Mailing Address
**718 S. PINE AVE
 OCALA, FL 34474**

DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3538831 Applied For
 Not Applicable


5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LITTLE, TOM
 2123 NE COACHMAN RD STE A
 CLEARWATER, FL 33786**

DO NOT WRITE 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 retreating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**


000000329533
 04/25/05-80128-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLANDER, ROBERT 718 S PINE AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHORTINO, JOEY 18120 GERACI RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOLAN, MARK 2828 SUNNYSIDE CIR PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE:  _____ DATE: **4-18-05** DAYTIME PHONE: **352-309-4014**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR