


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000099137</b>	
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1. Entity Name  
MID STATE PROPERTIES, INC.

Principal Place of Business  
1503 CANAL COURT  
TAVARES, FL 32778 US

Mailing Address  
1503 CANAL COURT  
TAVARES, FL 32778 US



04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEE Number  
59-3545498

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

E.C. FELTON  
1503 CANAL COURT  
TAVARES, FL 32778

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	FELTON, E C
STREET ADDRESS	1503 CANAL COURT
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	SD
NAME	HARDESTY, KANDI JO
STREET ADDRESS	3570 MARY LANE
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	DO
NAME	FELTON, WILLIAM L JR
STREET ADDRESS	2202 SW 128TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000505249  
04/26/06-80109-012 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *E.C. Felton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 352-742-136  
Date Daytime Phone #