

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000001126	
1. Entity Name MID FLORIDA APPRAISERS, INC.	

Principal Place of Business 1212 E. BEDFORD LN LAKELAND, FL 33813 US	Mailing Address 1212 E. BEDFORD LN LAKELAND, FL 33813
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DO NOT WRITE IN THIS SPACE



05102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3551263	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELLERBE, MARK L 1212 E BEDFORD LANE LAKELAND, FL 33813

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLERBE, MARK 1212 E BEDFORD LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLERBE, TRACY 1212 E BEDFORD LANE LAKELAND, FL 33813
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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: Mark L Ellerbe 5-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #