2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000021602

1. Entity Name
ENVIRONMENTALLY DEVELOPED SYSTEMS OF
MID-US, INC.

Principal Place of Business	Mailing Address
4100 MAVERICK ST. SANFORD, FL 32771	PO BOX 471267 LAKE MONROE, FL 32747

DO NOT WRITE IN THIS SPACE
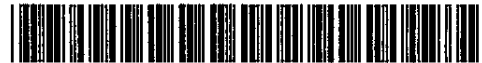
04292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3561989	Not Applicable

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

6. Name and Address of Current Registered Agent

BARKS, CYNTHA G
505 POWER RD
SANFORD, FL 32771

**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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARKS, CUNTHIA G
STREET ADDRESS	505 POWER RD
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	VPD
NAME	RICHARDSON, CONSTANCE J
STREET ADDRESS	1011 VIHLEN RD
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Name misspelled
Should Be:
← BARKS, Cynthia G.
Please correct
Cynthia H. Barker
Thank you.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Cynthia H. Barker*   4-30-04   407-324-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #