## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19367

FILED Apr 16, 2009 Secretary of State

Entity Name: THE MIDDLETON CORPORATION OF MELROSE

<b>Current Principal Place of Business:</b> 319 STATE RD 26 MELROSE, FL 32666		New Principal Pla	New Principal Place of Business: 319 STATE RD 26 P.O.B BOX 749 MELROSE, FL 32666		
		P.O.B BOX 749			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
P.O. BOX MELROSE	749 E, FL 32666		319 STATE RD 26 P.O.B BOX 749 MELROSE, FL 326	666	
El Number	: 59-3044440	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
	EGAR, CLYDE	BJR			
	E ROAD 26 E, FL 32666	US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
n the Stat	e of Florida.	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
	e of Florida. RE:	submits this statement for the particular sta		ered office or registered agent, or both,  Date	
n the State	e of Florida.  RE: Electror				
n the State	e of Florida.  RE: Electror	nic Signature of Registered Ag g Trust Fund Contribution().	ent		
n the State	e of Florida.  RE: Electror  mpaign Financin  S AND DIREC  OP (	nic Signature of Registered Ag g Trust Fund Contribution ( ). TORS: ) Delete R, CLYDE B JR SR 26	ent	Date	
n the State BIGNATUI Election Car DFFICER Title: lame: kddress:	e of Florida.  RE:  Electron  mpaign Financin  S AND DIREC  OP ( TERWILLEGAF P.O. BOX 749, MELROSE, FL  OT (X SERO, C.J. 300 OREOLE S	nic Signature of Registered Ag g Trust Fund Contribution ( ).  ETORS: ) Delete R, CLYDE B JR SR 26 32666	ent  ADDITIONS/CHAI  Title: Name: Address:	Date  NGES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE B. TERWILLEGAR PRES 04/16/2009