

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S27451

Entity Name: MID-ATLANTIC FINANCE CO., INC.

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

15500 LIGHT WAVE DR.
201
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

6001 34TH STREET N
SAINT PETERSBURG, FL 33714 US

New Mailing Address:

FEI Number: 59-3045824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, THOMAS J
6001 34TH STREET N
ST PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAWKINS, KEVIN
Address: 1550 LIGHTWAVE DR., SUITE 201
City-St-Zip: CLEARWATER, FL 33760

Title: VPD () Delete
Name: HAWKINS, DWAYNE
Address: 6001 34TH STREET N
City-St-Zip: ST PETERSBURG, FL 33714

Title: T () Delete
Name: ANNARINO, JOHN
Address: 15590 LIGHTHOUSE DRIVE #201
City-St-Zip: CLEARWATER, FL 33760

Title: S () Delete
Name: SCHMIDT, THOMAS J
Address: 6001 34TH STREET N
City-St-Zip: ST PETERSBURG, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN HAWKINS

PRES

01/04/2006

Electronic Signature of Signing Officer or Director

Date