

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S41957

FILED
Jan 10, 2012
Secretary of State

Entity Name: MID STATE INSURANCE CENTER, INC.

Current Principal Place of Business:

7840 S FLORIDA AVE.
FLORAL CITY, FL 34436 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 924
FLORAL CITY, FL 344360924 US

New Mailing Address:

FEI Number: 59-3058238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFFIELD, JERALD J
7840 S FLORIDA AVE.
FLORAL CITY, FL 34436 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

OFFICERS AND DIRECTORS:

Title: D
Name: SHEFFIELD, JERALD J
Address: 7840 S FLORIDA AVE.
City-St-Zip: FLORAL CITY, FL 34436

I hereby 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 all other like empowered.

SIGNATURE: JERALD J. SHEFFIELD

PRES

01/10/2012

Electronic Signature of Signing Officer or Director

Date