

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90360 019 ***158.75

DOCUMENT # S54256 1. Entity Name MIDDLETON ENTERPRISES, INC.			
Principal Place of Business 4549 SAMUEL STREET SARASOTA, FL 34233-3443		Mailing Address 4549 SAMUEL STREET SARASOTA, FL 34233-3443	
2. Principal Place of Business 30810 STATE ROAD 70 EAST Suite, Apt. #, etc.		3. Mailing Address 30810 STATE ROAD 70 EAST Suite, Apt. #, etc.	
City & State MYAKKA CITY, FL Zip 34251		City & State MYAKKA CITY, FL Zip 34251	
Country USA		Country USA	
4. FEI Number 65-0264535		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDDLETON, BRUCE 4549 SAMUEL STREET SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name <u>BRUCE MIDDLETON</u> Street Address (P.O. Box Number is Not Acceptable) <u>30810 STATE ROAD 70 EAST</u> City <u>MYAKKA CITY</u> <u>FL</u> Zip Code <u>34251</u>	
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 <u>BRUCE MIDDLETON, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4-10-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIDDLETON, BRUCE 1963B 12TH ST SARASOTA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUCE MIDDLETON 30810 STATE ROAD 70 EAST MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>BRUCE MIDDLETON, DP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/10/06</u> Daytime Phone # <u>941-322-1877</u>	