2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # V53154 Mar 06, 2004 08:00 AM 1. Entity Name **Secretary of State** MI-DALE CONSTRUCTION, INC. Principal Place of Business Mailing Address 1975 E. SUNRISE BLVD 1975 E. SUNRISE BLVD SUITE 515 FT. LAUDERDALE FL 33304 US FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) City & State City & State 4. FEl Number Applied For 65-0346803 Not Applicable Zip Country Zισ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIHLEN, SIDNEY L., III Street Address (P.O. Box Number is Not Acceptable) 1173 SPRING CENTER SOUTH BLVD SUITE C ALTAMONTE SPRINGS FL 32714 Zip Code 3. 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 little if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE Delete THEF ☐ Addition Change NAME HUSBAND, DOUGLAS J. NAME U00000078589 03/08/04-80032-012 150.00 STREET ADDRESS 1975 E. SUNRISE BLVD., SUITE 515 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CfTY -ST- 7/P MLE ☐ Delete TITLE Change Addition HUSBAND, DOUGLAS J. NAME NAME 1975 E. SUNRISE BLVD.-SUITE 515 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY - ST - ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FITTE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 any socurate 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 fine receiver or flrustee any powered develocute 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 affactment with an add/ess, with all/origin like empowered.

3.4.04 Doubles t. SIGNATURE:

PRESIDENT

changed, or on an attachment with an add