


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90382 028 \*\*\*\*61.25

<b>DOCUMENT # 718591</b> 1. Entity Name <b>MIDWAY WATER SYSTEM, INC.</b>	
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Principal Place of Business <b>4971 GULF BREEZE PKWY</b> <b>GULF BREEZE, FL 32563 US</b>	Mailing Address <b>P.O. BOX 70</b> <b>GULF BREEZE, FL 32562 US</b>
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40061723



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1532752</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>TODD, BILL</b> <b>4454 HICKORY SHORES BLVD</b> <b>GULF BREEZE, FL 32563</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 William W. Todd DATE 4/14/2005  
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when re/instating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TODD, BILL</b>	NAME	
STREET ADDRESS	<b>4454 HICKORY SHORES BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE, FL 32563</b>	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDY, I.W.</b>	NAME	<b>Larry Bevis</b>
STREET ADDRESS	<b>4258 E SANDY BLUFF</b>	STREET ADDRESS	<b>4986 Hickory Shores Blvd</b>
CITY-ST-ZIP	<b>GULF BREEZE, FL 32563</b>	CITY-ST-ZIP	<b>Gulf Breeze, FL 32563</b>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, MARGARET</b>	NAME	<b>Jeff Aanestad</b>
STREET ADDRESS	<b>5104 GULF BREEZE PKWY</b>	STREET ADDRESS	<b>4460 Hickory Blvd</b>
CITY-ST-ZIP	<b>GULF BREEZE, FL 32563</b>	CITY-ST-ZIP	<b>Gulf Breeze, FL 32563</b>
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNETT, DAVID</b>	NAME	<b>Howitt Cook</b>
STREET ADDRESS	<b>1159 EULA ST</b>	STREET ADDRESS	<b>6450 East Bay Blvd</b>
CITY-ST-ZIP	<b>GULF BREEZE, FL 32563</b>	CITY-ST-ZIP	<b>Gulf Breeze, FL 32563</b>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASS, COY</b>	NAME	
STREET ADDRESS	<b>3101 ORIOLE DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE, FL 32563</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANASTON, KEVIN</b>	NAME	
STREET ADDRESS	<b>4440 SOUNDSIDE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE, FL 32563</b>	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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 617, 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: William W. Todd DATE 4/14/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #