

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90008 024 \*\*\*150.00

DOCUMENT # 469044

1. Entity Name

MIDWEST WHOLESALE, INC.



Principal Place of Business

10600 LAND O' LAKES BLVD.  
P.O. BOX 686  
LAND O' LAKES FL 34639

Mailing Address

10600 LAND O' LAKES BLVD.  
P.O. BOX 686  
LAND O' LAKES FL 34639



2. Principal Place of Business - No P.O. Box #

23545 Oakside Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 686

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Lutz, FL. 33559

City & State

Land O Lakes, FL. 34639

4. FEI Number

59-1651483

Applied For

Not Applicable

Zip

Country

33559 PASCO

Zip

Country

34639 PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARREN SCHMIDT  
23545 OAKSIDE BLVD  
LUTZ FL 33559

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

*Warren Schmidt*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SCHMIDT, BEVERLY A ☐ Delete  
STREET ADDRESS 10600 LAND O LAKES BLVD.  
CITY- ST- ZIP LAND O LAKES FL 34639

TITLE ST  
NAME SCHMIDT, WARREN ☐ Delete  
STREET ADDRESS 10600 LAND O LAKES BLVD.  
CITY- ST- ZIP LAND O LAKES FL 34639

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P SCHMIDT, BEVERLY A. ☒ Change ☐ Addition  
NAME 23545 Oakside Blvd. address  
STREET ADDRESS Lutz, FL. 33559

TITLE ST SCHMIDT, WARREN ☒ Change ☐ Addition  
NAME 23545 Oakside Blvd. address  
STREET ADDRESS Lutz, FL. 33559

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Warren Schmidt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-07

813  
948-6870