2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90382 028 ****61.25

DOCUMENT # 718591

1. Entity Name
MIDWAY WATER SYSTEM, INC.

46061723

Principal Place of Business	Mailing Address
4971 GULF BREEZE PKWY GULF BREEZE, FL 32563 US	P.O. BOX 70 GULF BREEZE, FL 32562 US

04132005 Chg-NP CR2E037 (10/03)

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

4. FEI Number 59-1532752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, BILL
4454 HICKORY SHORES BLVD
GULF BREEZE, FL 32563

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 4/14/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TODD, BILL 4454 HICKORY SHORES BLVD GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARDY, I.W. 4258 E SANDY BLUFF GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Larry Bevis 4986 Hickory Shores Blvd Gulf Breeze, FL 32563	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, MARGARET 5104 GULF BREEZE PKWY GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeff Aanestad 4460 Hickory Blvd Gulf Breeze, FL 32563	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BURNETT, DAVID 1159 EULA ST GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Howitt Cook 6450 East Bay Blvd Gulf Breeze, FL 32563	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BASS, COY 3101 ORIOLE DR. GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANASTON, KEVIN 4440 SOUNDSIDE DR GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 4/14/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #