2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 718591

1. Entity Name
MIDWAY WATER SYSTEM, INC.

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

DO NOT WRITE IN THIS SPACE

03012006 No Chg-NP CR2E037 (11/05)

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

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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 3/1/06
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TODD, BILL
STREET ADDRESS	4454 HICKORY SHORES BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	V
NAME	BEVIS, LARRY
STREET ADDRESS	4986 HICKORY SHORES BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	D
NAME	AANESTAD, JEFF
STREET ADDRESS	4460 HICKORY BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	T
NAME	COOK, HOWITT
STREET ADDRESS	6450 EAST BAY BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	S
NAME	BASS, COY
STREET ADDRESS	3101 ORIOLE DR.
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	D
NAME	ANASTON, KEVIN
STREET ADDRESS	4440 SOUNDSIDE DR
CITY-ST-ZIP	GULF BREEZE, FL 32563

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03/15/06-80041-025 61.25

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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 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 3/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #