

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718591

FILED
Mar 16, 2009
Secretary of State

Entity Name: MIDWAY WATER SYSTEM, INC.

Current Principal Place of Business:

4971 GULF BREEZE PKWY
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

4971 GULF BREEZE PKWY
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 59-1532752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TODD, BILL
Address: 4454 HICKORY SHORES BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: P () Delete
Name: HOOD, BILL
Address: 4030 SANDY BLUFF DR
City-St-Zip: GULF BREEZE, FL 32563

Title: S () Delete
Name: DEARTH, ANDY
Address: 6412 EAST BAY BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: TODD, BILL
Address: 4454 HICKORY SHORES BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: BASS, COY
Address: 3101 ORIOLE DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: ANASTON, KEVIN
Address: 4440 SOUNDSIDE DR
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: GM (X) Change () Addition
Name: JOWERS, PHIL
Address: 3170 OAK SHADOW LAND
City-St-Zip: MILTON, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE WHITE

AA

03/16/2009

Electronic Signature of Signing Officer or Director

Date