

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718591

**FILED**  
**Feb 18, 2010**  
**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:** T  
**Name:** TODD, BILL  
**Address:** 4454 HICKORY SHORES BLVD  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** P  
**Name:** ANASTON, KEVIN  
**Address:** 4440 SOUNDSIDE DR  
**City-St-Zip:** GULF BREEZE, FL 32563

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

**Title:** VP  
**Name:** BOVA, LARRY  
**Address:** 1554 WOODLAWN WAY  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** GM  
**Name:** JOWERS, PHIL  
**Address:** 3170 OAK SHADOW LAND  
**City-St-Zip:** MILTON, FL 32504

I hereby 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 all other like empowered.

**SIGNATURE:** PHIL W JOWERS

GM

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date