


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 840012 1. Entity Name MID-WEST LETTERING COMPANY	
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Principal Place of Business 645 BELLEFONTAINE AVE. P.O. BOX 628 MARION, OH 43302	Mailing Address 645 BELLEFONTAINE AVE. P.O. BOX 628 MARION, OH 43302
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

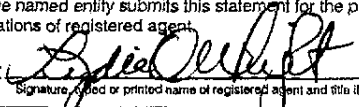
4. FEI Number 31-0794807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT LYDIA
BOX 15071-7800 SEARS BLVD.
PENSACOLA, FL 32504

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IN THIS SPACE**

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:  DATE: 3-16-05

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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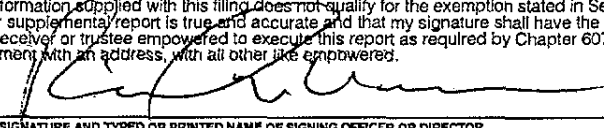
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VANCE, RICHARD M 925 KINGWOOD DR MARION, OH 43302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VANCE, MARLA 925 KINGWOOD DR MARION, OH 43302
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03/21/05-80033-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 3-10-05 740 382-1905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD M. VANCE, PRESIDENT