

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 840012

1. Entity Name

MID-WEST LETTERING COMPANY



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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **31-0794807**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required for reinstatement)

Lydia O. Wright 1-24-07
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT VANCE, RICHARD M 925 KINGWOOD DR MARION OH 43302	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS VANCE, MARLA 925 KINGWOOD DR MARION OH 43302	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
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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 exemptions contained in Section 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Vance 1-22-07 740-382-1905
Date Daytime Phone #