

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003527

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: MIDWEST REAL ESTATE DEVELOPMENT CO., INC.

**Current Principal Place of Business:**

2990 UNIVERSAL STREET  
SUITE B  
OSHKOSH, WI 54904 US

**New Principal Place of Business:**

**Current Mailing Address:**

2990 UNIVERSAL STREET  
SUITE B  
OSHKOSH, WI 54904 US

**New Mailing Address:**

FEI Number: 39-1969944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUGGLES, THOMAS W  
603 INDIAN ROCKS ROAD  
BELLEAIR, FL 33756 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: P  
Name: OILSCHLAGER, RODNEY R  
Address: 2990 UNVIVERSAL STREET; SUITE B  
City-St-Zip: OSHKOSH, WI 54904

Title: VS  
Name: MARK, WILLIAM P  
Address: 2990 UNIVERSAL STREET; SUITE B  
City-St-Zip: OSHKOSH, WI 54904

Title: T  
Name: OILSCHLAGER, RODNEY R  
Address: 2990 UNIVERSAL STREET; SUITE B  
City-St-Zip: OSHKOSH, WI 54904

Title: D  
Name: MARK, CATHERINE A  
Address: 147 STILLWATER CT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: FRECHETTE, SUSAN  
Address: 2642 SHOREHAVEN LANE  
City-St-Zip: OSHKOSH, WI 54904

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RODNEY R OILSCHLAGER

PRES

01/05/2012

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

\_\_\_\_\_ Date