

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90443 007 ***158.75

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1. Entity Name
MIDWEST NANNIES LTD., INCORPORATED



Principal Place of Business
**6897 ESTERO BLVD. #146
FT. MYERS BEACH, FL 33931**

Mailing Address
**PO BOX 103
ST. CHARELS, IL 60174**

50014820



2. Principal Place of Business

3. Mailing Address

PO Box 4082

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State

St. Charles, IL

4. FEI Number
36-3970093

Applied For
Not Applicable

Zip

Country

60174

USA

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

**POLLOCK, PAMELA M
6897 ESTERO BLVD. #146
FT. MYERS BEACH, FL 33931**

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 when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME POLLOCK, PAMELA M
STREET ADDRESS 809 WILDROSE SPRINGS DR.
CITY-ST-ZIP ST. CHARLES, IL 60174 ☐ Delete

TITLE
NAME
STREET ADDRESS **1408 E Main Street 2A** ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 Chapter 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:

Pamela M Pollock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 239 463 4774
Date Daytime Phone #