


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90039 029 ***150.00

QUOJIA



DOCUMENT # F97000002730			
1. Entity Name MID-WEST WHOLESALE HARDWARE CO.		Principal Place of Business 1250 AMERICAN WAY UNIT 204 LONGWOOD, FL 32750 US	
Mailing Address 1000 N CENTURY AVE KANSAS CITY, MO 64120 US		2. Principal Place of Business - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
City & State		City & State	
Zip		Country	
Zip		Country	
03302007		Chg-P	
CR2E034 (12/06)		4. FEI Number 04-3359757	
Applied For		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMPROS, MIKE 1250 AMERICAN WAY UNIT 204 LONGWOOD, FL 32750		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Michael Lampros</i>		DATE 4-9-07	
Signature, typed or printed name of registered agent and title if applicable		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, TIM	NAME	McCormack, John
STREET ADDRESS	100 FEDERAL STREET	STREET ADDRESS	330 Madison Avenue, 27th Floor
CITY-ST-ZIP	BOSTON, MA 02110	CITY-ST-ZIP	New York, NY 10017
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEMON, ROB	NAME	Coady, James
STREET ADDRESS	100 FEDERAL STREET	STREET ADDRESS	330 Madison Avenue, 27th Floor
CITY-ST-ZIP	BOSTON, MA 02110	CITY-ST-ZIP	New York, NY 10017
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSER, TERRY	NAME	McDonough, Donald
STREET ADDRESS	1000 N. CENTURY AVE.	STREET ADDRESS	330 Madison Avenue, 27th Floor
CITY-ST-ZIP	KANSAS CITY, MO 64120	CITY-ST-ZIP	New York, NY 10017
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Oddis, Al
STREET ADDRESS		STREET ADDRESS	2540 Minton Dr
CITY-ST-ZIP		CITY-ST-ZIP	Moon Twp, PA 15108
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>[Signature]</i>		DATE: 4-5-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		816 245-1150 Listing Phone #	