2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # K68768

1. Entity Name MIDWAY 15 CORP.



Principal Place of Business

861 W MORSE BLVD. #250 POST OFFICE BOX 940658 MAITLAND, FL 32794-7658 Mailing Address

861 W MORSE BLVD. #250 POST OFFICE BOX 940658 MAITLAND, FL 32794-7658

FILED Mar 08, 2004 8:00 am Secretary of State

03-08-2004 90026 031 ***150.00

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No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2964544

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DON, BROWN L

~533 VERSATHLES-DRIVE

DO NOT WRITE

'MAITLA	ND, FL : 32751				THIS S	PACE	
	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or b	oth, in the State of F	Florida. I am familia	r with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable, {NOTE: Registere	ed Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	2011 - 2020 V 2010 V 30 - 400 V 154 - 50	ryggger in transporter oblock to 1976/88 og 1996	28 28 28 28 28 28 28 28 28 28 28 28 28 2		100 100 100 100 100 100 100 100 100 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUTH, MOGUL N 861 WEST MORSE BLVD. STE. 250 WINTER PARK, FL 32789						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS S	PACE	
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP