

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90279 002 ***150.00

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**

50006199



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
~~200 NORTH KIRKWOOD AVE~~ **533 VERSAILLES DR**
~~ORLANDO, FL 32801~~ **SUITE 102**
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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

TITLE	PD
NAME	RUTH, MOGUL N
STREET ADDRESS	861 WEST MORSE BLVD. STE. 250
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DIR
NAME	SHELDON GREENE
STREET ADDRESS	861 W MORSE BLVD. SUITE 250
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Sheldon Greene **Sheldon Greene** 4/2/06

Date

Daytime Phone #

407-647-5111