

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038538

FILED  
Mar 01, 2005  
Secretary of State

Entity Name: MIDWAY INSURANCE OF NORTHWEST FLORIDA, INC.

## Current Principal Place of Business:

4657 GULF BREEZE PKWY.  
D  
GULF BREEZE, FL 32563

## New Principal Place of Business:

## Current Mailing Address:

6224 NORTH 9TH AVENUE  
#4  
PENSACOLA, FL 32504

## New Mailing Address:

FEI Number: 11-3683988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNCH, JOHN  
6224 NORTH 9TH AVENUE  
#4  
PENSACOLA, FL 32504 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: LYNCH, JOHN R  
Address: 4657 GULF BREEZE PKWY. D  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES ( ) Change (X) Addition  
Name: LYNCH, INA M  
Address: 4243 CROSSWINDS DRIVE  
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN R. LYNCH

VP

03/01/2005

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

\_\_\_\_\_  
Date