

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90229 032 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000127678	
1. Entity Name MIDWEST INSURANCE SERVICES, INC.	

Principal Place of Business 1850 LEE ROAD SUITE 334 WINTER PARK, FL 32789	Mailing Address 1850 LEE ROAD SUITE 334 WINTER PARK, FL 32789
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66006458



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2420456	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NILES, CHRISTOPHER D
3012 EAST COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE, FL 33308

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 fee payable. (NOTE: Registered Agent signature required when renewing) DATE 2/22/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GEORGE, KRIS 1850 LEE ROAD, SUITE 334 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS LIPUT, DAVID 1850 LEE ROAD, SUITE 334 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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:  pre S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #