

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90396 037 ***150.00

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

2. Principal Place of Business
158 LOUNGHT PLACE
Suite, Apt. #, etc.
STE 201

3. Mailing Address
158 LOUNGHT PLACE
Suite, Apt. #, etc.
STE 201

City & State
MAITLAND, FL

City & State
MAITLAND, FL

Zip
32751-4490

Country
ORANGE

Zip
32751-4490

Country
ORANGE

04192006 Chg-P CR2E034 (11/05)

4. FEI Number
56-2420456

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NILES, CHRISTOPHER D
3012 EAST COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GEORGE, KRIS 1850 LEE ROAD, SUITE 334 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KRIS B. GEORGE 158 LOUNGHT PLACE STE 201 MAITLAND, FL 32751-4490 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LIPUT, DAVID 1850 LEE ROAD, SUITE 334 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DAVID D. LIPUT 158 LOUNGHT PLACE STE 201 MAITLAND, FL 32751-4490 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-740-5508