
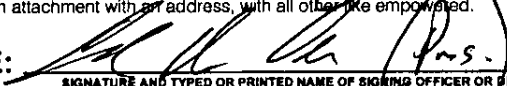


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000087331		
1. Entity Name MIDWAY AVIATION CO.		
Principal Place of Business 110 E REYNOLDS ST SUITE 700 PLANT CITY, FL 33563		Mailing Address PO BOX 1118 PLANT CITY, FL 33564-1118
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VERNER, EDWARD M 110 E REYNOLDS ST SUITE 700 PLANT CITY, FL 33563		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNER, EDWARD M 110 E REYNOLDS ST SUITE 700 PLANT CITY, FL 33563	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		2/21/08 813 752-1442 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2052999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000839271
03/06/08-80002-003 150.00

**DO NOT WRITE
IN THIS SPACE**