


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90022 041 ***158.75

DOCUMENT # P05000146894	
1. Entity Name MIDWEST BUILDERS, INC.	

Principal Place of Business 2281 FLOWERING CRAB DRIVE LAFAYETTE, IN 47905	Mailing Address 2281 FLOWERING CRAB DRIVE LAFAYETTE, IN 47905
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50004384

2. Principal Place of Business 10140 OCEANSPRAY BLVD Suite, Apt. #, etc.	3. Mailing Address 10140 OCEANSPRAY BLVD Suite, Apt. #, etc.
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City & State ENGLEWOOD FL	City & State ENGLEWOOD FL
Zip 34224	Country CHARLOTTE
Zip 34224	Country CHARLOTTE

02102006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3743740

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

6. Name and Address of Current Registered Agent
BUSINESS SUPPORT INC.
417 STOWE AVE
SUITE 2
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent
Name
TODD BOYD
Street Address (P.O. Box Number is Not Acceptable)
10140 OCEANSPRAY BLVD
City
ENGLEWOOD FL Zip Code
34224

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:  (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BOYD, TODD D 2281 FLOWERING CRAB DR LAFAYETTE, IN 47905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BOYD, TODD D. 10140 OCEANSPRAY BLVD ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYD, LAURA L 2281 FLOWERING CRAB DR LAFAYETTE, IN 47905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYD, LAURA L 10140 OCEANSPRAY BLVD ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

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, changed, or on an attachment with an address, with all other like empowered.

