

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107731

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** MIDWAY NURSERIES, INCORPORATED

**Current Principal Place of Business:**

5214 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

5214 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Mailing Address:**

FEI Number: 26-1160760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STRUZICK, JOHN E  
5214 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

MATHENY, BETTY S  
5214 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

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: BETTY S. MATHENY

01/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MATHENY, BETTY S  
Address: 5214GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: BETTY S. MATHENY

P

01/03/2011

Electronic Signature of Signing Officer or Director

Date