

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 025 ***150.00

DOCUMENT # P93000012721 1. Entity Name MIDWAY WAREHOUSE INVESTORS, INC.					
Principal Place of Business 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US			Mailing Address 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US		
2. Principal Place of Business		3. Mailing Address 2008 Riverside Ave Suite, Apt. #, etc. Suite 100			
Suite, Apt. #, etc.		City & State JACKSONVILLE FL		4. FEI Number 59-3163368	
City & State		Zip 32204		Country USA	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, DAVID A 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629				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: _____ (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. ☐ \$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	D FOSTER, FRANK M JR 8 BROOK LANE LAKELAND, FL 33803	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, DAVID A 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RODANTE, SAM 2008 RIVERSIDE AVE, SUITE 100 JACKSONVILLE, FL 32204	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JENKINS, DONNA K 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
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: _____ SAM W. Rodante 1-30-06 904-384-9961 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					