## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000012721

Name:

Address:

City-St-Zip:

RODANTE, SAM

2008 RIVERSIDE AVE, SUITE 100

JACKSONVILLE, FL 32204 US

FILED Feb 05, 2009 Secretary of State

Entity Nar	ne: MIDW	AY WAR	EHOUSE INVESTORS, II	NC.					
Current Principal Place of Business:					New Principal Place of Business:				
2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US					2008 RIVERSIDE AVE STE 100 JACKSONVILLE, FL 32204 US				
Current Mailing Address:					New Mailing Address:				
2008 RIVE STE 100 JACKSON	VILLE, FL	32204	US						
FEI Number:	59-3163368	FEI	Number Applied For ( )	FEI Num	ber Not Appl	icable ( )	Certif	icate of Status De	sired ( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
KENNEDY, DAVID A 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US					KENNEDY, DAVID A 3410 HENDERSON BLVD STE 200 TAMPA, FL 33609 US				
The above in the State			its this statement for the po	urpose of	changing it	ts registere	d office o	r registered age	ent, or both,
SIGNATURE:					02/05/2009				
Election Can		_	gnature of Registered Age t Fund Contribution ( ).	nt				Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D FOSTER, F 8 BROOK L LAKELAND	.ANE	R		Title: Name: Address: City-St-Zip:		() Chang	e ( ) Addition	
Title: Name: Address: City-St-Zip:	P KENNEDY, 2910 W BA TAMPA, FL	Y TO BAY	BLVD STE 200		Title: Name: Address: City-St-Zip:	P KENNEDY, 3410 HEND TAMPA, FL	DAVID A ERSON BL		
Title:	VPT	( ) Delete	Э		Title:		( ) Chang	e ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SAM W. RODANTE **VPT** 02/05/2009