


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000050754</b>	
<b>1. Entity Name</b> MIDWAY PARTNERS, INC.	

<b>Principal Place of Business</b> 5306 CORTEZ ROAD WEST, SUITE FOUR BRADENTON FL 34210	<b>Mailing Address</b> 5306 CORTEZ ROAD WEST, SUITE FOUR BRADENTON FL 34210
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b>
HOWELL, ERIC D 5306 CORTEZ ROAD WEST, SUITE FOUR BRADENTON FL 34210

<b>4. FEI Number</b> 65-0504908	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	HOWELL, ERIC D
STREET ADDRESS	5306 CORTEZ ROAD WEST STE. 4
CITY-ST-ZIP	BRADENTON FL 34210
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Add

U00000322301  
04/22/05-80007-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Eric Doy Howell, President** **4/20/2005 941-794-3262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #