


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

Jan 12, 2005 08:00 AM

Secretary of State  
1-7-05 4646

DOCUMENT # P96000036420  
1. Entity Name  
MIDWAY PRINTING INC



Principal Place of Business Mailing Address  
MIDWAY PRINTING, INC 2325 SW INDEPENDENCE RD  
3211 A OLEANDER AVE PT ST LUCIE, FL 34953 US  
FT PIERCE, FL 34982 US



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0658624 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WEAVER, PAUL  
2325 SW INDEPENDENCE RD  
PT ST LUCIE, FL 34953

**DO NOT WRITE IN THIS SPACE**

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**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEAVER, PAUL
STREET ADDRESS	2325 SW INDEPENDENCE RD
CITY-ST-ZIP	PT ST LUCIE, FL 34953
TITLE	S
NAME	WEAVER, TONI A
STREET ADDRESS	2325 SW INDEPENDENCE RD.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000178718  
01/12/05-40038-016 150.00

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: Paul Weaver 1-7-05 772-4640640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #