

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

**P** 1-6-06 #5097 **D**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0658624 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	
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	

U00000381993  
 01/11/06-80077-019 150.00

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Paul J. Weaver **PAUL J. WEAVER** 1-6-06 772-464-0640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #