


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**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**



01072008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0658624</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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**

U00000795249  
 01/28/08-80040-010 158.75

**PAID**  
 1-18-08  
 #5872

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: Paul Weaver      Date: 1-18-08      Daytime Phone #: 772-464-0640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR