## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P9800007597  1. Entity Name MIDWAY ENGINEERING TECHNOLOGY, INC.			
302 GRIMES DR	leiling Address PO 80X 1433 NUBURNDALE, FL 33823		f    編集
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent			04022004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 59-3489168 Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fice Required
THOMPSON, JANICE B 302 GRIMES DR AUBURNDALE, FL 33823			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  Signature, typed or printed name of registered agent and title if explicable.  (NOTE, Registered Agent signature required when reinstaking)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.			00 мау Вь ed to Fees 05/05/04-80003-024 150.00
TITLE D THOMPSON, JANICE B STREET ADDRESS 302 GRIMES DR CITY-ST-ZIP AUBURNDALE, FL 33823 TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE	CTORS		
NAME STREET ADDRESS CITY-ST-219 TITLE NAME			DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
STREET ADDRESS CITY-ST-21P			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 is changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPEO'DE PRINTED NAME OFFICER OR DIRECTOR  Daylitre Phone #  Daylitre Phone #			