2004 FOR PROFIT CORPORATION

Apr 05, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000084436- -MIDWEST CONTRACTORS, INC. Principal Place of Business Mailing Address 1860 OLD OKEECHOBEE RD., STE. 508 1860 OLD OKEECHOBEE RD., STE. 508 W. PALM BEACH, FL 33409 W. PALM BEACH, FL 33409 03122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0949234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE LANG, MICHAEL R 1860 OLD OKEECHOBEE RD., STE. 508 W. PALM BEACH, FL 33409 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 applicable. (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees U00000103998 /05/04-20020-007 OFFICERS AND DIRECTORS 10. TITLE LANG, MICHAEL R NAME STREET ADDRESS 1860 OLD OKEECHOBEE RD., STE. 508 W. PALM BEACH, FL 33409 CITY-ST-ZIP COOK, RUTH E NAME STREET ADDRESS 1860 OLD OKEECHOBEE RD #508 CITY-ST-ZIP WEST PALM BEACH, FL 33409 PIOTRASCHKE, TERRY F NAME STREET ADDRESS 1860 OLD OKEECHOBEE RD # 508 DO NOT WRITE CITY-ST-ZIP WEST PALM BEACH, FL 33409 IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP 33717 NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xf), 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 it 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.

STREET ADDRESS CXTY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED