


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90053 030 ****70.00

DOCUMENT # N32294					
1. Entity Name ANOTHER WAY, INC.					
Principal Place of Business P.O. BOX 1028 LAKE CITY, FL 32056 US			Mailing Address P.O. BOX 1028 LAKE CITY, FL 32056 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3061078	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAGAN, DONNA L 258 NW BURK AVENUE LAKE CITY, FL 32055				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKERNAN, PAULETTE 1050 COMMERCE BLVD. LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKERNAN, PAULETTE 340 NW Commerce Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LIDDELL, WANDA 1535 E WADE STREET TRENTON, FL 32693	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIDDELL, WANDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECD DOUGLASS, BARBARA 181 SE HERNANDO AVENUE LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, T.L. D.O. P.O. BOX 5010 CROSS CITY, FL 32628	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, T.L. D.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKERNAN, KEITH 940 SW 79TH TERRACE GAINESVILLE, FL 326073377	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCKERNAN, KEITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, GREGORY RT 12 BOX 742 LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, GREGORY 742 Pebble Creek Terrace	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <i>Paulette McKernan</i>			Date: <i>2-21-05</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT # N32294

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT - CONTINUED

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D GORDON, AMY F. 137 NW HARRIS LAKE DRIVE LAKE CITY, FL 32055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION SECD GORDON, AMY F.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION D BERNS, SCOTT D. 820 NW FRONTIER DRIVE LAKE CITY, FL. 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION D DOUGLAS, JILL POST OFFICE BOX 5 LAKE CITY, FL. 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION D LAXTON, GARY 225 NW MAIN BOULEVARD LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION D MANNING-COPE, CHRISTINE 820 NW FRONTIER DRIVE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION D SCHUSTER, CHERYL N. 468 SE EVERGREEN DRIVE LAKE CITY, FL. 32025-6276