


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90206 024 ***150.00

DOCUMENT # P0400030949					
1. Entity Name REGWAY, INC.					
Principal Place of Business 1030 HOWELL AVE. BROOKSVILLE, FL 34601 US		Mailing Address 1522 SABRA DRIVE BROOKSVILLE, FL 34601 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 20-2800264	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAM REALTY 1030 HOWELL AVE BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Regina B. Martin Street Address (P.O. Box Number is Not Acceptable) 1522 Sabra Dr. Brooksville FL City FL Zip Code 34601	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		Regina B. Martin President		DATE 4/20/06	
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, REGINA B		NAME		
STREET ADDRESS	1522 SABRA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE, FL 34601		CITY- ST- ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, REGINA B		NAME	Katrina Martin Mott	
STREET ADDRESS	1522 SABRA DRIVE		STREET ADDRESS	10216 Morningstar Ave	
CITY- ST- ZIP	BROOKSVILLE, FL 34601		CITY- ST- ZIP	Brooksville, FL 34601	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, HORACE W SR		NAME	Horace Wayne Martin Jr.	
STREET ADDRESS	1522 SABRA DRIVE		STREET ADDRESS	4726 Sunrise Drive	
CITY- ST- ZIP	BROOKSVILLE, FL 34601		CITY- ST- ZIP	St. Petersburg, FL 33705	
TITLE	TRES	<input checked="" type="checkbox"/> Delete	TITLE	Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, HORACE W SR		NAME	Regina B. Martin	
STREET ADDRESS	1522 SABRA DRIVE		STREET ADDRESS	1522 Sabra Drive	
CITY- ST- ZIP	BROOKSVILLE, FL 34601		CITY- ST- ZIP	Brooksville, FL 34601	
TITLE		<input type="checkbox"/> Delete	TITLE	D (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Horace W. Martin Sr.	
STREET ADDRESS			STREET ADDRESS	1522 Sabra Drive	
CITY- ST- ZIP			CITY- ST- ZIP	Brooksville, FL 34601	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>[Signature]</i>		Regina B. Martin Pres.		DATE 4/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone # 352-799 3581	