


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000004690	
1. Entity Name <b>A WILL &amp; WAY, INC.</b>	

Principal Place of Business <b>5380 MOBILE HWY STE 3B PENSACOLA, FL 32526</b>	Mailing Address <b>P.O. BOX 37044 PENSACOLA, FL 32526</b>
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1188192</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STANBERRY, WILLIEMAE 3104 LAS BRISAS DR. PENSACOLA, FL 32526</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANBERRY, WILLIEMAE P.O. BOX 37044 PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ, GEORGENA 886 VALLEY RIDGE DR. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUMAKE, ALFREDA 7225 W. FAIRFIELD DR. B-3 PENSACOLA, FL 32508
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80144-006 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Williemae Stanley 4/22/05 850 455-2153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #