2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 363309

Address:

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

Entity Name: FAIRWAY MOTORS, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
10504 HAF ODESSA, I	PPY HOLLOW FL 33556	AVE JS			
Current Mailing Address:			New Mailing Address:		
10504 HAF ODESSA, I	PPY HOLLOW FL 33556	AVE JS			
FEI Number:	59-1297983	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
FERNALD, 10504 HAF ODESSA, I	PY HOLLOW	AVE JS			
	named entity of Florida.	submits this statement for the p	urpose of changing it	ts registered office or registered agent, or b	oth,
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP (FERNALD JR,, 8816 ROBERT ODESSA, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD (FERNALD, LOI 10405 HAPPY ODESSA, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition FERNALD, JAMES III, 8816 ROBERTS ROAD ODESSA, FL 33556	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition FERNALD, MATTHEW, 10504 HAPPY HOLLOW AVE ODESSA, FL 33556	
Title: Name:	() Delete	Title: Name:	VP () Change (X) Addition FERNALD, JESSE,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

10504 HAPPY HOLLOW AVE ODESSA, FL 33556

SIGNATURE: LOUIS R FERNALD PD 03/30/2009