


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 527637
 1. Entity Name
 SKATEWAYS, INC.



Principal Place of Business
 2670 CASSEL CREEK BLVD.
 CASSELBERRY, FL 32707

Mailing Address
 2670 CASSEL CREEK BLVD.
 CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1745393

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOYER, DEBORAH
 2205 HUNTERFIELD ROAD
 MAITLAND, FL 32751

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMANN, OTTO 10845 SW 89 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOYER, EDWARD D., JR 5118 ARDMORE DR WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOYER, DEBORAH J 2205 HUNTERFIELD RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000671077
 03/28/07-80015-005 150.00

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, live, empowered.

SIGNATURE: *Deborah J Moyer* **3/14/07** **4078349106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #