


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 544418 1. Entity Name EBWAY CORPORATION	
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Principal Place of Business 6750 NW 21ST AVENUE FT. LAUDERDALE, FL 33309	Mailing Address 6750 NW 21ST AVENUE FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1810092	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent E. BENNETT---% EBWAY CORPORATION 6750 NW 21 AVE FORT LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000066972 02/26/04-80037-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, CATHERINE E 1401 S OCEAN BLVD POMPANO BEACH, FL 33064,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, ADELHEID F 1401 S OCEAN BLVD POMPANO BEACH, FL 33064,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BENNETT, EDWARD D 1401 S OCEAN BLVD POMPANO BEACH, FL 33064,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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 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: Catherine Bennett **2/23/04** **954.971.4911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #