


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 618444 1. Entity Name EASTWAY PLAZA, INC.	
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Principal Place of Business 133 CORAL DR FT. MYERS, FL 33905	Mailing Address 133 CORAL DR FT. MYERS, FL 33905
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DO NOT WRITE IN THIS SPACE



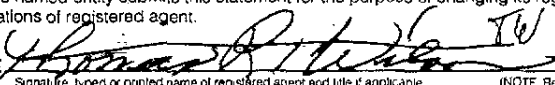
01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2004149	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 WILSON, THOMAS R. 133 CORAL DRIVE FT. MYERS, FL 33905
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IN THIS SPACE**

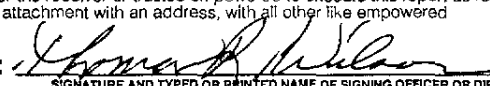
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE: <u>2-16-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILSON, THOMAS R. 133 CORAL DRIVE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD WILSON, JOHN T. 133 CORAL DRIVE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILSON, ROSE M. 133 CORAL DRIVE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11000110236333
02/21/05-80015-006 150.00

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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)(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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2-16-05</u> Daytime Phone: <u>1-888-345-6789</u>