

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000002051 1. Entity Name GOD'S WAY, INC.	
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Principal Place of Business 4580 OLD CARRIAGE TRAIL OVIEDO, FL 32765	Mailing Address 4580 OLD CARRIAGE TRAIL OVIEDO, FL 32765
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3214991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIELS, LISA L ESQ
4300 N. UNIVERISTY DRIVE
B-200
FT. LAUDERDALE, FL 33351**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	P LIEGEOIS, JOSEPH 4580 OLD CARRIAGE TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LIEGEOIS, TONI 4580 OLD CARRIAGE TRAIL OVIEDO, FL 32765
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IN THIS SPACE**

**U000000510387
04/29/06-80004-009 150.00**

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 like empowered.

SIGNATURE: **X Joseph Liegeois** **JOSEPH LIEGEOIS** **4/17/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-62-2042