

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G82753

FILED
Apr 20, 2009
Secretary of State

Entity Name: TREADWAY ENTERPRISES, INC.

Current Principal Place of Business:

P.O. BOX 490802
LEESBURG, FL 34749 US

New Principal Place of Business:

900 PASO ALLEY
FRUITLAND PARK, FL 34731 US

Current Mailing Address:

P.O. BOX 490802
LEESBURG, FL 34749 US

New Mailing Address:

P.O. BOX 490802
LEESBURG, FL 34749

FEI Number: 59-2393444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREADWAY, THOMAS A
719 SOUTH MOSS ST.
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

TREADWAY, THOMAS A
900 PASO ALLEY
FRUITLAND PARK, FL 34731 US

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.

SIGNATURE: _____

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: TREADWAY, DIXIE S.
Address: 607 LAKE SHORE DR.
City-St-Zip: LEESBURG, FL

Title: VP () Delete
Name: TREADWAY, JOHN
Address: 1000 BOYLSTON ST.
City-St-Zip: LEESBURG, FL

Title: V () Delete
Name: KIRBY, LISSA T.
Address: RT. 1, BOX 114-A
City-St-Zip: WHITE BLUFF, TN

Title: PCEO () Delete
Name: TREADWAY, THOMAS A.
Address: 719 S. MOSS ST.
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: STEVENS, LISSA T.
Address: 8910 MIDDLE LICK CREEK RD
City-St-Zip: LYLES, TN 37187

Title: PCEO (X) Change () Addition
Name: TREADWAY, THOMAS A.
Address: 900 PASO ALLEY
City-St-Zip: FRUITLAND PARK, FL 34731

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.

SIGNATURE: THOMAS A. TREADWAY

PCEO

04/20/2009

Electronic Signature of Signing Officer or Director

Date