
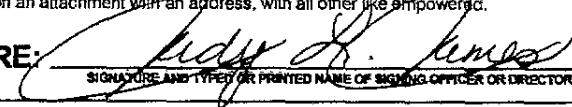


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # H91441 1. Entity Name THE FAIRWAY LAND CO.		
Principal Place of Business 1203 W. ROBINSON ST. ORLANDO, FL 32805 US		Mailing Address P.O. BOX 547393 ORLANDO, FL 32805
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JAMES, JUDY L 1243 W ROBINSON ST ORLANDO, FL 32805		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MUAYARJI, BASSAM H	
STREET ADDRESS	1203 W. ROBINSON ST.	
CITY-STATE-ZIP	ORLANDO, FL 32805	
TITLE	D	
NAME	JAMES, JUDY L	
STREET ADDRESS	1203 W. ROBINSON STREET	
CITY-STATE-ZIP	ORLANDO, FL 32805	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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: 		1-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

1100000395331
01/26/06-80046-019 150.00

**DO NOT WRITE
IN THIS SPACE**