2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 20, 2007 8:00 am
Secretary of State
01-18-2007 90089 006 ***150.00

DOCUMENT # H91441

1. Entity Name
THE FAIRWAY LAND CO.

Principal Place of Business	Mailing Address
1203 W. ROBINSON ST. ORLANDO, FL 32805 US	P.O. BOX 547393 ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

01132007 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

6. Name and Address of Current Registered Agent

JAMES, JUDY L
1243 W ROBINSON ST
ORLANDO, FL 32805

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUAYARJI, BASSAM H
STREET ADDRESS	1203 W. ROBINSON ST.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	JAMES, JUDY L
STREET ADDRESS	1203 W. ROBINSON STREET
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Clifford Browning 2-17-07 407/295-4824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #