


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # M72751**  
 1. Entity Name  
**GREENWAY ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**1569 S MISSOURI AVE**      **PO BOX 428**  
**CLEARWATER, FL 33756 US**      **LARGO, FL 33779 US**

**DO NOT WRITE IN THIS SPACE**



02022005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2879958**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GREENWAY, BURTON**  
**362 SILVER MOSS LANE**  
**TARPON SPRINGS, FL 34688**

**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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

UN0000214835  
 02/04/05-90027-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREENWAY, BURTON 362 SILVER MOSS LANE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS GREENWAY, DEANNA 362 SILVER MOSS LANE TARPON SPRINGS, FL 34688
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deanna Greenway      Date: 2/2/05      (727) 942-5905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #