

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

09-02-2004 90071 034 ****61.25


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08262004 Chg-NP CR2E037 (10/03)

DOCUMENT # N02000003089			
1. Entity Name PATHWAY SERVICES, INC.			
Principal Place of Business 34444 SOUTH HAINES CREEK RD. LEESBURG, FL 34788		Mailing Address 34444 SOUTH HAINES CREEK RD. LEESBURG, FL 34788	
2. Principal Place of Business		Mailing Address P.O. Box 895106	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Leesburg FL	
Zip	Country	Zip 34789-5106	Country hake
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALSTON, FAY 340 STERLING DR. OCOE, FL 34761		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALSTON, FAY 340 STERLING DR. OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALSTON, DAVID 340 STERLING DR. OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALTERS, VERNEAL 1619 GLENHAVEN CIR. OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCKETT, WINSTON 45 FORSTER RD. NEW ROCHELLE, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, SONJA 340 STERLING LAKE DR. OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: Fay Alston		8/18/04 (407) 292-7121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

REINSTATEMENT

Pathways Services Inc.

340 Sterling Lk. Dr.
Ocoee, Fl. 34761

2002

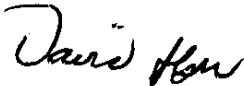
November 4, 2004

Florida Dept. of State / Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

Enclosed is a Florida Dept. of State Division of Corporations Reinstatement form. This form is being sent in response to a notice of Dissolution or Revocation which was initially sent in September of the year 2004. The dissolution occurred due to a mistake in the reported F.E.I. number. The correct number is : F593666265. I have been told that the Div. of Corp. has retained the payment sent in with the initial application for instatement. Please apply that payment to the instatement fee. Thank you.

Sincerely,



David Alston
Pathways Services