

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003089

FILED
Jul 12, 2006
Secretary of State

Entity Name: PATHWAY SERVICES, INC.

Current Principal Place of Business:

34444 SOUTH HAINES CREEK RD.
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

34444 SOUTH HAINES CREEK ROAD
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 59-3666265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALSTON, FAY
340 STERLING LAKE DR.
OCOE, FL 34761 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALSTON, FAY
Address: 340 STERLING LAKE DR.
City-St-Zip: OCOE, FL 34761

Title: SD () Delete
Name: ALSTON, DAVID
Address: 340 STERLING LAKE DR.
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: DUCKETT, WINSTON
Address: 45 FORSTER RD.
City-St-Zip: NEW ROCHELLE, NY

Title: D () Delete
Name: HARRIS, SONJA
Address: 340 STERLING LAKE DR.
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAY ALSTON

DIR.

07/12/2006

Electronic Signature of Signing Officer or Director

Date