2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY -2 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004690

1. Entity Name
A WILL & WAY, INC.

Principal Place of Business	Mailing Address
5330 MOBILE HWY STE 3B PENSACOLA, FL 32526	P.O. BOX 37044 PENSACOLA, FL 32526

04172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3300N. Pace Blvd. Ste	
Suite, Apt. #, etc.: 125	Suite, Apt. #, etc.
City & State: Pensacola FL 32505	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1188192 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANBERRY, WILLIEMAE 3104 LAS BRISAS DR. PENSACOLA, FL 32526	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 STANBERRY, WILLIEMAE P.O. BOX 37044 PENSACOLA, FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BONNER, KAREN D 8281 GROVELAND AVE PENSACOLA, FL 32534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300129221989 05/13/08--01032--016 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHUMAKE, ALFREDA 7225 W. FAIFIELD DR. B-3 PENSACOLA, FL 32506	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, CAROLYN 324 W STRONG ST PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOTT, TERESA 11558 DUELING OAKS CT PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, MARY ALICE 3711 MC CLELLAN RD PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Williemae Stanberry Williemae Stanberry 4/25/08 850 455-2153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS