


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90268 002 ***150.00

DOCUMENT # P00000062115
1. Entity Name
FARAWAY INN, INC.



Principal Place of Business Mailing Address
847 3RD ST **PO BOX 46**
CEDAR KEY, FL 32625 **CEDAR KEY, FL 32625**

44026399

DO NOT WRITE IN THIS SPACE



02282004 No Cbg-P CR2E034 (10/03)

4. FEI Number 59-3664158	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F
12421 SR 24
CEDAR KEY, FL 32625

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAUER, OLIVER 847 3RD ST CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAUER, DOREEN 847 3RD ST CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAUSEY, KATHRYN 12421 SR 24 CEDAR KEY, FL 32625
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DO NOT WRITE IN THIS SPACE

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: *Kathryn Causey* 3/2/04 352-543-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #