


**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
**847 3RD ST
CEDAR KEY, FL 32625**

Mailing Address
**PO BOX 46
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 P	BAUER, OLIVER 847 3RD ST CEDAR KEY, FL 32625
TITLE S	BAUER, DOREEN 847 3RD ST CEDAR KEY, FL 32625
TITLE T	CAUSEY, KATHRYN 12421 SR 24 CEDAR KEY, FL 32625
TITLE NAME	
TITLE NAME	
TITLE NAME	

**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 #