


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000115615 1. Entity Name SAN-WAY FARMS, INC.	
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Principal Place of Business 1410 CRE RD DOVER, FL 33527	Mailing Address P.O. BOX 132 SYDNEY, FL 33587
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3696205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JONES, EDDIE A
1410 CRE RD
DOVER, FL 33587**

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JONES, EDDIE A P.O. BOX 93 SYDNEY, FL 33587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MOSS, WAYNE G 370 EVITT CEMETERY RD CHASIEERS, NC 28717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/20/07-80048-008 150.00

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IN THIS SPACE**

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 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: Eddie A Jones Eddie A Jones 2/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #