

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010634

Entity Name: NEW WAY AUTO, INC.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

2116 HWY 92 W
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

2116 HWY 92 W
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3695424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, GARY D
2116 HWY 92 W
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MURRAY, GARY D
Address: 2116 HWY 92 W
City-St-Zip: AUBURNDALE, FL 33823

Title: PST () Delete
Name: MURRAY, VICKI L
Address: 2116 HWY 92 W
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MURRAY, GARY D
Address: 2116 HWY 92 W
City-St-Zip: AUBURNDALE, FL 33823

Title: VPS (X) Change () Addition
Name: SAWYER, KERRY
Address: 2116 HWY 92 W
City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D MURRAY

D

01/13/2005

Electronic Signature of Signing Officer or Director

_____ Date