

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90120 007 ***150.00

DOCUMENT # P01000010634

1. Entity Name

NEW WAY AUTO, INC.



Principal Place of Business

2116 HWY 92 W
AUBURNDALE FL 33823

Mailing Address

2116 HWY 92 W
AUBURNDALE FL 33823



2. Principal Place of Business

505 ARIANA AVE.

Suite, Apt. #, etc.

3. Mailing Address

505 ARIANA AVE.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Auburndale, FL.

Zip
33823

Country

U.S.A.

City & State

Auburndale, FL.

Zip
33823

Country

U.S.A.

4. FEI Number

59-3695424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, GARY D
2116 HWY 92 W
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name Gary D. Murray

Street Address (P.O. Box Number is Not Acceptable)

505 ARIANA AVE.

City Auburndale

FL

Zip Code 33823

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

Signature, typed or printed name of registered agent and title if applicable

OWNER/PRES.

(NOTE: Registered Agent signature required when reconstituting)

03/21/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME MURRAY, GARY D
STREET ADDRESS 2116 HWY 92 W
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE VPS ☒ Delete
NAME SAWYER, KERRY
STREET ADDRESS 2116 HWY 92 W
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gary D Murray

03/21/06

863-967-8828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #