FILED
May 26, 2004 8:00 am
Secretary of State

04-30-2004 90232 012 ***150.00

4/30/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084232

1. Entity Name
FAIRWAY DEVELOPMENT GROUP, INC

Principal Place of Business	Mailing Address
1474 TRUDE WAY VENICE, FL 34292	1474 TRUDE WAY VENICE, FL 34292

66424237

04242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1474 TRUNE WAY	1474 TRUNE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1147406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERT, MOREY ~~1474 TRUDE WAY~~ VENICE, FL 34292	Name MOREY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1474 TRUNE WAY City VENICE FL Zip Code 34292

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] 4/24/04
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREY, ROBERT 333 S. TAMIAMI TRIAL #395 VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1474 TRUNE WAY VENICE FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSEN, MARK E 333 S. TAMIAMI TRIAL #395 VENICE, FL 34285	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 5/20/04 941-483-3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #