

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90246 028 ***158.75

DOCUMENT # P01000107736

1. Entity Name
NOVA WAY INVESTMENTS, INC.



Principal Place of Business
3975 E. RAILROAD AVE
COCOA, FL 32926

Mailing Address
3975 E. RAILROAD AVE
STE. 200-E
COCOA, FL 32926

40000147



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3755113

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KINBERG, EDWARD J
2101 S. WAVERLY PL.
STE. 200-E
MELBOURNE, FL 32901

Name

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

City

FL

Zip Code

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.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME GRAY, RUSSELL L
STREET ADDRESS 505 CANAVERAL GROVES BLVD.
CITY-ST-ZIP COCOA, FL 32926

TITLE ☒ Change ☐ Addition
NAME 1965 ADAMSON ROAD
STREET ADDRESS COCOA FL 32926
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SHYE, PENNY
STREET ADDRESS 505 CANAVERAL GROVES BLVD
CITY-ST-ZIP COCOA, FL 32926

TITLE ☒ Change ☐ Addition
NAME 3514 Currenro WAY
STREET ADDRESS melbourne FL 32940
CITY-ST-ZIP

TITLE T ☐ Delete
NAME VON HOLLEN, EDWARD
STREET ADDRESS 1680 OCCIE STREET
CITY-ST-ZIP COCOA, FL 32926

TITLE ☒ Change ☐ Addition
NAME 1680 OLLIE STREET
STREET ADDRESS COCOA FL 32922
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: Edward Von Hollen EDWARD VON HOLLEN 1-4-07 321-394-2816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #