

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90012 002 ***150.00

DOCUMENT # P02000052197 1. Entity Name BIOWAY, INC.					
Principal Place of Business 702 E CHURCH ST APT 1 ORLANDO, FL 32801				Mailing Address PO BOX 343 NEW SMYRNA BEACH, FL 32170	
2. Principal Place of Business 1011 JUEL STREET		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORLANDO FL		City & State 		4. FEI Number 01-0693885	
Zip 32814		Country U S A		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTH, JENNIFER 702 E CHURCH STREET APT 1 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1011 JUEL STREET City ORLANDO FL Zip Code 32814	
8. The above named entry 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 translating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D NORTH, JENNIFER 702 E CHURCH STREET APT 1 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1011 JUEL STREET ORLANDO FL 32814	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, JASON 1010 BRISTAL LAKE RD #107 MT DORA, FL 32757	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAYAS, MARK C 264 SHEPPARD ST ALTAMONTE SPRINGS, FL 32701	☐ 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	D DEBORAH WESTBERRY 2327 S GLENCO ROAD NEW SMYRNA BEACH FL 32168	☐ 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)(f), 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: <i>X [Signature]</i>			Date: <i>4-6-05</i>		

3/21/05:JFW:CB