
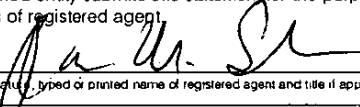
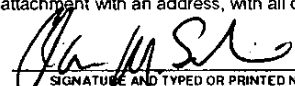


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90224 047 ***150.00

DOCUMENT # P02000088705			
1. Entity Name RIGHT OF WAY SERVICES, INC.			
Right of Way Services, Inc. 3902 Avenida Madera Bradenton, FL 34210		Mailing Address 3902 Avenida Madera Bradenton, FL 34210	
2. Principal Place of Business 3902 AVENIDA MADERA Suite, Apt. #, etc.		3. Mailing Address 3902 AVENIDA MADERA Suite, Apt. #, etc.	
City & State BRADENTON, FL.		City & State BRADENTON, FL 34210	
Zip 34210	Country USA	Zip	Country
6. Name and Address of Current Registered Agent SUMLIN, DONNA M PRES 5801 FLOTILLA DR HOLMES BEACH FL 34217		7. Name and Address of New Registered Agent 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:  DATE: 1/29/05 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete NAME: SUMLIN, DONNA STREET ADDRESS: 5801 FLOTILLA DR CITY-ST-ZIP: BRADENTON BEACH FL 34217	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DONNA Sumlin STREET ADDRESS: 3902 AVENIDA MADERA CITY-ST-ZIP: BRADENTON, FL 34210	TITLE: VP <input type="checkbox"/> Delete NAME: ORR, CLAY STREET ADDRESS: 501 59TH ST CITY-ST-ZIP: BRADENTON BEACH FL 34217	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CLAY ORR STREET ADDRESS: 8308 43RD AVE DR W CITY-ST-ZIP: BRADENTON, FL 34209
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DONNA M. Sumlin Date: 1/29/05 Daytime Phone #: 941-727-5454	

00020034



1st MOORE CR2E034 (10/04)

4. FEI Number **14-1865119** Applied For ☐ Not Applicable ☐

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