

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90108 009 ***150.00

DOCUMENT # P02000088705

1. Entity Name

RIGHT OF WAY SERVICES, INC.



Principal Place of Business
3902 AVENIDA MADEVA
BRADENTON FL 34210

Mailing Address
3902 AVEINDA MADEVA
BRADENTON FL 34210



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 14-1865119

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

SUMLIN, DONNA M PRES
~~5801 FLOTILLA DR~~
~~HOLMES BEACH FL 34217~~

Name

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

3902 Avenida Madera

City

Bradenton

FL

Zip Code

34210

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

2/1/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SUMLIN, DONNA
STREET ADDRESS 3902 AVENIDA MADEVA
CITY - ST - ZIP BRADENTON FL 34210

TITLE VP
NAME ORR, CLAY
STREET ADDRESS 8308 43RD AVE DR W
CITY - ST - ZIP BRADENTON FL 34209

TITLE
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/07 941-727-5454