


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90019 050 ***150.00

DOCUMENT # P02000131732	
1. Entity Name FAIRWAY PRINTING COMPANY	

Principal Place of Business 5462 TILDENS GROVE BLVD. WINDERMERE, FL 34786	Mailing Address 5462 TILDENS GROVE BLVD. WINDERMERE, FL 34786
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54032801

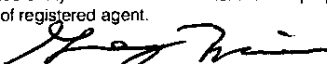
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032004 Chg-P CR2E034 (10/03)

4. FEI Number 61-0591248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
G&L AGENT SERVICES, INC. 390 NORTH ORANGE AVE., STE. 600 ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
Name Gregory Meier	
Street Address (P.O. Box Number is Not Acceptable) 1000 Legion Place	
Suite 1700	
City Orlando	FL Zip Code 32801

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 04/12/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		PRESIDENT, TREASURER JOSEPH CHANES 5462 TILDENS GROVE BOULEVARD WINDERMERE, FL 34786-5709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VICE PRESIDENT, SECRETARY TOBY CHANES 5462 TILDENS GROVE BOULEVARD WINDERMERE, FL 34786-5709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	JOSEPH A. CHANES	Date 4/8/04	Daytime Phone # 407-656-0994
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