

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000034805**

1. Entity Name  
**LIGHTWAY PROPERTIES, INC.**



Principal Place of Business  
**6601 STATE RD. 54  
NEW PORT RICHEY, FL 34653 US**

Mailing Address  
**6601 STATE RD. 54  
NEW PORT RICHEY, FL 34653 US**



05062005 No Chg-P CR2EG34 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2084982**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DUKE, LAWRENCE J  
11331 HIDDEN TREASURE CT.  
NEW PORT RICHEY, FL 34654**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUKE, LAWRENCE J 11331 HIDDEN TREASURE CT. NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUKE, ELIZABETH R 11331 HIDDEN TREASURE CT. NEW PORT RICHEY, FL 34654
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U000000366294  
05/12/05-80004-018 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Elizabeth Duke* **Elizabeth Duke**

**5-6-05**

**727-992-6908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #