## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000037140

Entity Name: RIGHT OF WAY MASTERS, INC.

FILED Jan 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1147 NE 151 AVE. 257 NE 154 AVE

OLD TOWN, FL 32680 CROSS CITY, FL 32628

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1811 OLD TOWN, FL 32680

FEI Number: 01-0773657 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAND, LIZA C 1147 NE 151 AVE LAND, LIZA C 257 NE 154 AVE

OLD TOWN, FL 32680 US CROSS CITY, FL 32628 US

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.

SIGNATURE: 01/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LAND, LIZA C
 Name:
 LAND, LIZA C

 Address:
 1147 NE 151 AVE.
 Address:
 257 NE 154 AVE

City-St-Zip: OLD TOWN,, FL 32680 US City-St-Zip: CROSS CITY, FL 32628 US

 Name:
 LAND, GEORGE
 Name:
 LAND, GEORGE

 Address:
 1147 NE 151 AVE.
 Address:
 257 NE 154 AVE

City-St-Zip: OLD TOWN,, FL 32680 US City-St-Zip: CROSS CITY, FL 32628 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZA CHILDERS LAND P 01/26/2007