

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90001 008 ***150.00

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1. Entity Name
HWY 77, INC.



Principal Place of Business
5505 COLLEGE DRIVE
GRACEVILLE, FL 32440 US

Mailing Address
5505 COLLEGE DRIVE
GRACEVILLE, FL 32440 US

DO NOT WRITE IN THIS SPACE



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
-- 27-0063269 -- Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROGER L LANEY III EA ABA
1378 N RAILROAD AVE
CHIPLEY, FL 32428

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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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RICHARDSON, CECIL
STREET ADDRESS 1267 HARRELL AVE
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE D
NAME DEYITA, THELMA
STREET ADDRESS 1267 HARRELL AVW
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE D
NAME JONES, LISA
STREET ADDRESS 1267 HARRELL AVE
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Thelma R. DeVita

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-263-7788