

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90005 027 ***150.00

DOCUMENT # P03000065020

1. Entity Name
FAIRWAY PROPERTIES, INC.,



Principal Place of Business
10210 N. PALAFOX STREET
PENSACOLA, FL 32534

Mailing Address
10210 N. PALAFOX STREET
PENSACOLA, FL 32534

54072474



2. Principal Place of Business

3. Mailing Address

1149 Creighton Rd.

1149 Creighton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola, Florida

Pensacola, FL

Zip

Country

Zip

Country

32504

USA

32504

USA

09082004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1192154

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

HATFIELD, BENNETT A JR
10210 N. PALAFOX STREET
PENSACOLA, FL 32534

Name

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

City

FL

Zip Code

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

September 8, 2004

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HATFIELD, BENNETT A JR	
STREET ADDRESS	5808 DUNBAR CIRCLE	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 another name empowered.

SIGNATURE:

Bennett A. Hatfield Jr.

Bennett A. Hatfield Jr.

Date

Daytime Phone #

9/8/04

8504775607