

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000088529

1. Entity Name
DIWAY TRANSPORTATION, INC.



Principal Place of Business
**222 RABBIT TRACK ROAD
SATSUMA, FL 32189 US**

Mailing Address
**P.O. BOX 1238
SAN MATEO, FL 32189 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0138157 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FARNSWORTH, DONALD W
222 RABBIT TRACK ROAD
SATSUMA, FL 32189**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and date if applicable.

**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: PRES
NAME: FARNSWORTH, DONALD W
STREET ADDRESS: P.O. BOX 1238
CITY-ST-ZIP: SAN MATEO, FL 32187

TITLE: TS
NAME: FARNSWORTH, DIANA S
STREET ADDRESS: 222 RABBIT TRACK ROAD
CITY-ST-ZIP: SATSUMA, FL 32189

TITLE: D
NAME: GARON, CINDY L
STREET ADDRESS: 6 SUNBIRCH DRIVE
CITY-ST-ZIP: JEANNETTE, PA 15644

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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01/25/06-80039-001 150.00

**DO NOT WRITE
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: Diana S. Farnsworth **DIANA S FARNSWORTH** 1/20/06 386-916-9627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #