


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90047 045 \*\*\*150.00

**DOCUMENT # P03000128348**  
 1. Entity Name  
**NEWAY SYSTEMS & PRODUCTS, INC.**



Principal Place of Business Mailing Address  
**2046 TREASURE COAST PLZ #187** **2046 TREASURE COAST PLZ #187**  
**VERO BCH FL 32960** **VERO BCH FL 32960**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **90-0141045** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MANNING, ROY O, Ph.D.**  
~~4700 BABCOCK ST #19-174~~  
**PALM BAY FL 32905**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this report 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.  
**ROY O. MANNING, Ph.D.**  
~~2046 TREASURE COAST PLAZA #187~~  
**VERO BEACH, FLORIDA 32960**  
 SIGNATURE Roy O. Manning DATE 2004 March 4  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANNING, ROY O PH D</b>	
STREET ADDRESS	<b>4700 BABCOCK ST #19-174</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANNING, ROY O III</b>	
STREET ADDRESS	<b>4700 BABCOCK ST #19-174</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANNING, CHARLES M</b>	
STREET ADDRESS	<b>4700 BABCOCK ST #19-174</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLS MANNING, ELIZABETH Mills</b>	
STREET ADDRESS	<b>4700 BABCOCK ST #19-174</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Roy O. Manning Roy O. Manning DATE 2004 March 4 772.713.9254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #