

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90039 025 ***158.75

DOCUMENT # P03000128348

1. Entity Name
NEWAY SYSTEMS & PRODUCTS, INC.



Principal Place of Business
**5976 20TH STREET, SUITE 146
VERO BEACH, FL 32966**

Mailing Address
**P.O. BOX 650878
VERO BEACH, FL 32966**

60025002



2. Principal Place of Business - No P.O. Box #

7777 N. Wickham Rd.

Suite, Apt. #, etc.

12-108

3. Mailing Address

UPS Box 108

Suite, Apt. #, etc.

04122008

Chg-P

CR2E034 (12/06)

City & State

Melbourne

City & State

Florida

4. FEI Number

90-0141045

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

Zip

32941

Country

Brevard

Zip

32941

Country

U.S.A.

6. Name and Address of Current Registered Agent

**MANNING, ROY O PH. D.
1392 HARVARD CIRCLE
NO 1
MELBOURNE, FL 32905**

**Mailing
R. O. Manning, Ph.D.
P. O. Box 411161
Melbourne, FL 32941**

7. Name and Address of New Registered Agent

Name

Dr. Roy O. Manning

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

3251 Conservation Pl. #205

City

Melbourne

FL

Zip Code
32934

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 obligation of the registered agent.

SIGNATURE **Roy O. Manning, Ph.D.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

24 March 2008

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	MANNING, ROY O PH D	
STREET ADDRESS	1392 HARVARD CIRCLE, APT. 1	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	MANNING, ROY O III	
STREET ADDRESS	1392 HARVARD CIRCLE, NO. 1	
CITY-ST-ZIP	MELBOURNE, FL 32905	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MANNING, ELIZABETH M	
STREET ADDRESS	14755 CHICAGO AVENUE, NO. 1	
CITY-ST-ZIP	BURNSVILLE, MN 55306	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MANNING, CHARLES M ESQ	
STREET ADDRESS	14755 CHICAGO AVENUE, NO. 1	
CITY-ST-ZIP	BURNSVILLE, MN 55306	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy O. Manning, Ph.D.	
STREET ADDRESS	3251 Conservation Pl. #205	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy O. Manning, III	
STREET ADDRESS	3251 Conservation Pl. #205	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	V/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth M. Manning	
STREET ADDRESS	14755 Chicago Ave. #1	
CITY-ST-ZIP	BURNSVILLE MN 55306	
TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles M. Manning	
STREET ADDRESS	14755 Chicago Ave. #1	
CITY-ST-ZIP	BURNSVILLE, MN 55306	
TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edw. L. Manning	
STREET ADDRESS	1529 Oak St.	
CITY-ST-ZIP	Flowood MS 39232	
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 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: **Roy O. Manning, Ph.D.** **Roy O. Manning, Ph.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 610-7146