## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Feb 15, 2008 08:00 AM Secretary of State DOCUMENT # P04000083418 1. Entity Name FOOTWAY, INC. Principal Place of Business Mailing Address 6131 C LAKE WORTH RD 6131 C LAKE WORTH RD LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-1285220 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARENA, PETER JR. Street Address (P.O. Box Number is Not Acceptable) 6131 C LAKE WORTH ROAD LAKE WORTH FL 33463 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or recistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature | Signature Typed or printed Learne Stregulared organizated to 6 Templicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition ARENA, PETER JR. NAME NAME U00000329272 02/26/08-80035-013 150.00 STREET ADDRESS 6131 C LAKE WORTH RD STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME ARENA, PETER JR. 6131 LAKE WORTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME ARENA, PETER JR. STREET ADDRESS STREET ADDRESS 6131 LAKE WORTH ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDIRESS CITY ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 attachmost with an againsts, with all other like empowered.