2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90177 024 ***150.00

DOCUMENT # P05000023682

1. Entity Name
HADAWAY & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
7208 SAND LAKE RD - STE 206 ORLANDO, FL 32819	7208 SAND LAKE RD - STE 206 ORLANDO, FL 32819

04302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
P.O. BOX 196637	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER SPRINGS, FL	City & State
Zip: 32719 Country: SEMINOLE	Zip Country

4. FEI Number: 20-2356194 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HADAWAY, WILLIAM J
650 CAYUGA DR
WINTER SPRINGS, FL 32708

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 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 ______________________ DATE
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HADAWAY, WILLIAM J 7208 SAND LAKE RD - STE 206 ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. BOX 196637 WINTER SPRINGS, FL 32719
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HADAWAY, JEFFREY M 7208 SAND LAKE RD - STE 206 ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. BOX 196637 WINTER SPRINGS, FL 32719
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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: William J Hadaway 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #