

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000079137

1. Entity Name
DRIVE WAYS & MORE, INC.



**FILED
May 02, 2006 8:00 am
Secretary of State**

05-02-2006 90207 032 ***150.00

Principal Place of Business
4210 LAKE MARIANNA DR.
WINTER HAVEN, FL 33881-9004

Mailing Address

4210 LAKE MARIANNA DR.
WINTER HAVEN, FL 33881-9004

2. Principal Place of Business
164 Beverly Dr

Suite, Apt. #, etc.

3. Mailing Address
164 Beverly Dr.

Suite, Apt. #, etc.

City & State
Winter Haven FL

City & State
Winter Haven FL

Zip
33884

Zip
33884

Country

Country



02092006 Chg-P CR2E034 (11/05)

4. FEI Number
16-1725996

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHATLEY, CHARLES E
4210 LAKE MARIANNA DR.
WINTER HAVEN, FL 33881-9004

Name
Pettus, Troy

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

City
Winter Haven, FL

FL Zip Code
33884

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

Charles E. Whatley

President

4/20/06

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
WHATLEY, CHARLES E
4210 LAKE MARIANNA DR.
WINTER HAVEN, FL 338819004

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
PETTUS, TROY
4210 LAKE MARIANNA DR.
WINTER HAVEN, FL 338819004

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

PD
Pettus, Troy
164 Beverly Dr
Winter Haven, FL 33884

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Charles E. Whatley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06 863 2582868

Date

Daytime Phone #