

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90053 024 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # P05000085719 1. Entity Name PHYWAY ENTERPRISES INC | | | |
| Principal Place of Business 1416 SW 202 STREET NEWBERRY, FL 32669 | | Mailing Address 1416 SW 202 STREET NEWBERRY, FL 32669 | |
| 2. Principal Place of Business - No P.O. Box # 415 NE 4th Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 1084 Suite, Apt. #, etc. | |
| City & State High Springs FL Zip 32643 Country USA | | City & State High Springs FL Zip 32655 Country USA | |
| 4. FEI Number 20-2987007 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent YODER, MANDY L 26330 SW 2ND AVE NEWBERRY, FL 32669 | | 7. Name and Address of New Registered Agent Name Barbara L. Roller Street Address (P.O. Box Number is Not Acceptable) 4631-101 NW 53rd Ave City Gainesville FL Zip Code 32606 | |
| 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 <u><i>Barbara L. Roller</i></u> DATE 4/15/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BENEFIELD, WAYNE 1416 SW 202 STREET NEWBERRY, FL 32669 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BENEFIELD, WAYNE 1416 SW 202 STREET NEWBERRY, FL 32669 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC BENEFIELD, PHYLLIS C 1416 SW 202 STREET NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA BENEFIELD, PHYLLIS C 1416 SW 202 STREET NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Wayne Benefield</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u><i>Wayne Benefield</i></u> 352- President 4/15/07 219-2089 <small>Date Daytime Phone #</small> | |

40073803



01242007 Chg-P CR2E034 (12/06)