## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000096422

1. Entity Name

THE D. WAY CORPORATION OF BRADENTON



FILED
Mar 08, 2007 08:00 AM
Secretary of State

Fee Required

Principal Place of Business

5109 MANATEE AVENUE WEST BRADENTON, FL 34209 Mailing Address

5109 MANATEE AVENUE WEST BRADENTON, FL 34209



## DO NOT WRITE IN THIS SPACE

03042007 No Chg-P		CR2E034 (11/05)			
4. FEI Number				Applied For	
20-3122209				Not Applicable	
5. Certificate of S	Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

DAUGHTRY, FREDERICK D 5109 MANATEE AVENUE WEST BRADENTON, FL 34209

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	· . · · · · · · · · · · · · · · · · · ·	İ		IN	IHIS SPACE	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUGHTRY, FREDERICK D 5109 MANATEE AVENUE WEST BRADENTON, FL 34209			U00000ss2110		
NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, DENNIS H III 4117 PALMA SOLA BLVD BRADENTON, FL 34209				03/20/07-80070-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2		· · · · ·		
12. I hereby of indicated of the cor changed,	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver of trustee empowered or on an attachment with any address, with all	ing does not qualify for the exe not account and that my signate to execute this report as requi- other like empowered.	mptions cor are shall have d by Chapt	ntained in Chapter 119 ve the same legal effecter 607, Florida Statute	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as, and that my name appears in Block 10 or Block 11 if	