## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # P06000015175  1. Entity Name TREADWAY HOME MAINTENANCE, INC					03-12-2007	90369 045 ***15	0.00
Principal Place of Business 1327 MALTAS AVE INTERLACHEN, FL 32148 US		Mailing Address 1327 MALTAS AVE INTERLACHEN, FL 32148 US			1003423V	1 PPIN NYN AMBI NBM 16321 EN	
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address			<b>                                      </b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numbe スゥー 4	23 69 69	<del>                                     </del>	plied For t Applicable
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent	•
1327 MAL	AY, RICHARD L TAS AVE CHEN, FL 32148	i. d		Name  Street Address (P.O. Box Number is Not Acceptable)  City Zip Code			
	named entity submits this statement for ions of registered agent.  Signeture, typed or printed name of registered agent.			registered agent, or bol	th, in the State of Flo	FL Zip Cool prida. I am familiar with,	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai		\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREADWAY, RICHARD L 1327 MALTAS AVE INTERLACHEN, FL 32148	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	∏ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREADWAY, MERRI B 1327 MALTAS AVE INTERLACHEN, FL 32148	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S Treadway 1327 M Interlact	, Merri E altas A	© Change ≥ ∨e 32148	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREADWAY, WESLEY E 1327 MALTAS AVE INTERLACHEN, FL 32148	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREADWAY, COREY R 1327 MALTAS AVE INTERLACHEN, FL 32148	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 or ear attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

19/07 The price

Daytime Phone #