



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

5/1

05-01-2007 90020 034 ***150.00

DOCUMENT # P06000029349			
1. Entity Name ANY WAYE CONSTRUCTION INC.			
Principal Place of Business 712 SOUTH OREGON AVENUE SUITE 200 TAMPA, FL 33606		Mailing Address 712 SOUTH OREGON AVENUE SUITE 200 TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 1414 West Swann Avenue Suite, Apt. #, etc. Suite 100 City & State Tampa, FL Zip 33606		3. Mailing Address 1414 West Swann Avenue Suite, Apt. #, etc. Suite 100 City & State Tampa, FL Zip 33606	
Country USA		Country USA	
4. FEI Number 11-3565950		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent WAYE, KEITH 712 SOUTH OREGON AVENUE SUITE 200 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1414 West Swann Avenue Suite 100 City Tampa FL Zip Code 33606	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
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	PD WAYE, KEITH 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1414 West Swann Avenue, Suite 100 Tampa, FL 33606
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
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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: 		Keith Waye 4/9/07 727-642-2229	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	