


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90385 027 \*\*\*150.00

<b>DOCUMENT # P06000053839</b>	
1. Entity Name <b>RIGHT OF WAY SPECIALISTS, INC:</b>	

Principal Place of Business <b>7591 GEORGIAN BAY CIRCLE APT 206 FORT MYERS FL 33912</b>	Mailing Address <b>7591 GEORGIAN BAY CIRCLE APT 206 FORT MYERS FL 33912</b>
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2. Principal Place of Business - No P.O. Box # <b>12625 SW. LEXINGTON P.L.</b>	3. Mailing Address <b>12625 S.W. LEXINGTON P.L.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <b>F.T. OGDEN FL.</b>	City & State <b>F.T. OGDEN FL.</b>
Zip <b>34269</b>	Country <b>U.S.A.</b>

4. FEI Number <b>56-2569297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>TOKARCZYK, ZACHERY M 7591 GEORGIAN BAY CIRCLE APT 206 FORT MYERS FL 33912</b>	
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7. Name and Address of New Registered Agent Name <b>ZACHERY TOKARCZYK</b> Street Address (P.O. Box Number is Not Acceptable) <b>12625 S.W. LEXINGTON P.L.</b> City <b>F.T. OGDEN</b> FL Zip Code <b>34269</b>	
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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.

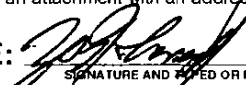
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>P TOKARCZYK, ZACHERY M 7591 GEORGIAN BAY CIRCLE APT 206 FORT MYERS FL 33912</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P. ZACHERY TOKARCZYK 12625 SW. LEXINGTON P.L. F.T. OGDEN FL. 34269</b>	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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:  **ZACHERY TOKARCZYK** 4-19-07 (239) 645-3526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #