

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000107223

1. Entity Name
B & D WAY, INC.



Principal Place of Business

1604 WHITE DOVE DRIVE
WINTER SPRINGS, FL 32708 US

Mailing Address

1604 WHITE DOVE DRIVE
WINTER SPRINGS, FL 32708 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WAY, DOUG
1604 WHITE DOVE DRIVE
WINTER SPRINGS, FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Doug Way

Signature, typed or printed name of registered agent and city, if applicable

(NOTE: Registered Agent signature required when renewing)

3/13/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: WAY, DOUG
STREET ADDRESS: 1604 WHITE DOVE DRIVE
CITY-ST-ZIP: WINTER SPRINGS, FL 32708

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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Change Addition

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CITY-ST-ZIP:

Change Addition

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Doug Way

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

Date

Daytime Phone #

**FILED
Mar 19, 2007 8:00 am
Secretary of State**

03-05-2007 90063 023 ***150.00

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01272007 Chg-P CR2E034 (12/06)