

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90065 016 ***150.00

DOCUMENT # P06000143982 1. Entity Name BETTER WAY REALTY SERVICES, INC.					
Principal Place of Business 374 S. ATLANTIC AVENUE SUITE A-1 ORMOND BEACH, FL 32176				Mailing Address 374 S. ATLANTIC AVENUE SUITE A-1 ORMOND BEACH, FL 32176	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6052 SABAL HAMMOCK CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PORT ORANGE FL			
Zip	Country	Zip 32128	Country	4. FEI Number 56-2631489	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAILEY, JOHN E 6052 SABAL HAMMOCK PORT ORANGE, FL 32128				7. Name and Address of New Registered Agent 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: <i>John E. Bailey</i> John E. Bailey 2-21-2008 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, JOHN E 6052 SABAL HAMMOCK DRIVE PORT ORANGE, FL 32128 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/MD BAILEY JOHN E 6052 SABAL HAMMOCK CIR PORT ORANGE FL 32128 ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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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: <i>John E. Bailey</i> John E. Bailey 2-21-2008 386-689-1315 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					