

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90033 006 ***158.75

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1. Entity Name
CORPORATE WAY INC.



Principal Place of Business
395 CORPORATE WAY
ORANGE PARK, FL 32073 US

Mailing Address
C/O DAVID A. KING
1416 KINGSLEY AVE
ORANGE PARK, FL 32073

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

01072008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3313893

Applied For
Not Applicable

6. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK, FL 32073

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

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

NAME
DYSON, JEFFERY D
STREET ADDRESS
395 CORPORATE WAY
CITY-STATE-ZIP
ORANGE PARK, FL 32073 ☐ Delete

NAME
GRIMES, RICHARD S
STREET ADDRESS
395 CORPORATE WAY
CITY-STATE-ZIP
ORANGE PARK, FL 32073 ☐ Delete

NAME
DYSON, DONNA R
STREET ADDRESS
395 CORPORATE WAY
CITY-STATE-ZIP
ORANGE PARK, FL 32073 ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

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:
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 278-1736