2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000059199

1. Entity Name

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DUNAWAY, INC.							
8550 SCENIC HWY Unit E		Mailing Address 8550 SCENIC HWY UNIT E PENSACOLA, FL 32514		\$ 188/1886 1/2 18(8) 82/11 48/17 88/11 88/11 88/11 8/10 18/18 18/18 18/18 18/18 18/18			
DO NOT WRITE IN THIS SPA			ACE	65-0597944 Not			4 (11/05) Applied For Not Applicable 8.75 Additional
6. Name and Address of Current Registered Agent DUNAWAY, CHARLES B 8550 SCENIC HWY, UNIT E PENSACOLA, FL 32514				DO NOT WRITE IN THIS SPACE			
the obligate	Signature, typed or printed name of registered agent a E NOWI!! FEE IS \$150.00	nd title if applicable. (NOTE: Regs	stered Agent signature require	<u> </u>	th, in the State of Flo	orida. I am fa	miliar with, and accep
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND I D DUNAWAY, CHARLES B 8550 SCENIC HWY UNIT E PENSACOLA, FL 32514	,0	Aug.	ned to rees	U00000 01/19/07-)592110 80051-0	001 150.00
NAME STREET ADDRESS			1				

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

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

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

850 857 4722

Daytime Phone #