


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90224 046 ***150.00

DOCUMENT # P97000003268	
1. Entity Name RIGHT-OF-WAY, INC.	

Principal Place of Business 3902 Avenida Madera Bradenton, FL 34210	Mailing Address 3902 Avenida Madera Bradenton, FL 34210
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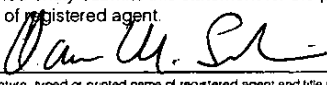
2. Principal Place of Business 3902 AVENIDA MADERA	3. Mailing Address 3902 AVENIDA MADERA
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bradenton FL	City & State Bradenton, FL
Zip 34210	Zip 34210
Country	Country USA

	
1st MOORE	CR2E034 (10/04)
4. FEI Number 65-0728034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUMLIN, DONNA 5802 FLORITILLA DR HOLMES BECH FL 34217	
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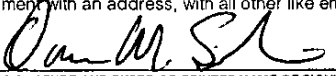
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 	DATE 1/29/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUMLIN, DONNA 5802 FLORITILLA DR HOLMES BEACH FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORR, ALBERT C 501 59TH ST HOLMES BEACH FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONNA SUMLIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3902 AVENIDA MADERA BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLAY ORR VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8308 43RD AVE NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Donna M. Sumlin	DATE 1/29/05 DAYTIME PHONE # 941-727-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	