

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90066 008 ***150.00

DOCUMENT # P97000075600

1. Entity Name:
RUWAY ENTERPRISES, INC.



Principal Place of Business

7345 BURGESS DR
LAKE WORTH, FL 33467 US

Mailing Address

7345 BURGESS DR
LAKE WORTH, FL 33467 US

14002394

2. Principal Place of Business

1360 BEACON CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

1360 BEACON CIRCLE
Suite, Apt. #, etc.



04082004 Chg-P CR2E034 (10/03)

City & State

WELLINGTON, FL.

City & State

WELLINGTON, FL.

4. FEI Number

65-0781093

Applied For

Not Applicable

Zip

Country

33414 PALM BCH

Zip

Country

33414 PALM BCH

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIEL C SINEWAY
7345 BURGESS DR
LAKE WORTH, FL 33467

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	DANIEL C SINEWAY	
STREET ADDRESS	7345 BURGESS DR	
CITY - ST - ZIP	LAKE WORTH, FL 33467	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SINEWAY, DANIEL	
STREET ADDRESS	7345 BURGESS DR.	
CITY - ST - ZIP	LAKE WORTH, FL 33467	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALISA SINEWAY	
STREET ADDRESS	7345 BURGESS DR	
CITY - ST - ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1360 BEACON CIRCLE	
STREET ADDRESS	WELLINGTON, FL. 33414	
CITY - ST - ZIP		
TITLE	(SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1360 BEACON CIRCLE	
STREET ADDRESS	WELLINGTON, FL. 33414	
CITY - ST - ZIP		
TITLE	(SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel C. Sineway PRES.

4/10/04

561 784-0155