


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90056 028 ***150.00

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|---|---|--|---|---|--|
| DOCUMENT # P98000100888 1. Entity Name NEWAY, INC. | | | |  | |
| Principal Place of Business 7700 PINEAPPLE DRIVE ORLANDO, FL 32835 | | | Mailing Address 7700 PINEAPPLE DRIVE ORLANDO, FL 32835 | | |
| 2. Principal Place of Business 2321 Everglow Ct Suite, Apt. #, etc. | | 3. Mailing Address 2321 Everglow Ct Suite, Apt. #, etc. | | | |
| City & State Deltona FL | | City & State Deltona FL | | 4. FEI Number 59-3546662 | |
| Zip 32725 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NALL, JOSEPH 7700 PINEAPPLE DRIVE ORLANDO, FL 32835 | | | | 7. Name and Address of New Registered Agent Name NALL, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 2321 Everglow Ct City Deltona FL Zip Code 32725 | |
| 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 <u><i>Joseph Nall</i></u> DATE _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NALL, JOSEPH 7700 PINEAPPLE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | NALL JOSEPH 2321 Everglow Ct Deltona FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Joseph Nall</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>3-21-05</u> <u>386-789-4288</u> <small>Daytime Phone #</small> | | |

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03142005 Chg-P CR2E034 (10/03)