

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025994

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FAIRWAY MANAGEMENT SYSTEMS, INC.

## Current Principal Place of Business:

5373 EHRLICH RD  
#203-150  
TAMPA, FL 33625

## New Principal Place of Business:

## Current Mailing Address:

5373 EHRLICH RD  
#203-150  
TAMPA, FL 33625

## New Mailing Address:

FEI Number: 59-3564712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREIVELDINGER, BRETT  
5373 KINGFISH DR  
LUTZ, FL 33558      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,P      ( ) Delete  
Name: GREIVELDINGER, BRETT  
Address: 5673 KINGFISH DR  
City-St-Zip: LUTZ, FL 33558

Title: S      ( ) Delete  
Name: MARKS, SAMMY  
Address: 1244 56TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: T      ( ) Delete  
Name: D'ESPIES, LIBBY  
Address: 102 SAVILLA LN.  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIBBY D'ESPIES

T

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date