

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90186 017 ***150.00

DOCUMENT # P99000066786

1. Entity Name
THE WRITE WAY, INC.



Principal Place of Business
**5172 BRADENTON ROAD
SARASOTA, FL 34234**

Mailing Address
**5172 BRADENTON ROAD
SARASOTA, FL 34234**

50048434



2. Principal Place of Business

**1087 FOUR SEASONS CIR.
Suite, Apt. #, etc.
220**

3. Mailing Address

**1087 FOUR SEASONS Cir
Suite, Apt. #, etc.
220**

04052005 Chg-P CR2E034 (10/03)

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

4. FEI Number

65-0938648

Applied For

Not Applicable

Zip Country
34234-2969 U.S.

Zip Country
34234-2969 U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELL, ALAN
5172 BRADENTON ROAD
SARASOTA, FL 34234**

7. Name and Address of New Registered Agent

Name **DELL, ALAN**

Street Address (P.O. Box Number is Not Acceptable)
1087 FOUR SEASONS CIR.

City **SARASOTA**

FL

Zip Code
34234-2969

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

Alan Dell

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DELL, ALAN**
STREET ADDRESS **5172 BRADENTON ROAD**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **DELL, ALAN**
STREET ADDRESS **1087 FOUR SEASONS Cir, # 220**
CITY-ST-ZIP **SARASOTA, FL 34234-2969**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Alan Dell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.05

Date

Daytime Phone #