2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # V38864

1. Entity Name
ALL-WAYS TRANSPORT, INC.

Principal Place of Business	Mailing Address
11 N 42 STREET #104 ST. PETERSBURG, FL 33713	11 N 42 STREET #104 ST. PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

05162007 No Chg-P CR2E034 (11/06)

4. FEI Number
59-3130190
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, JAMES W.
2120 52ND ST. SOUTH
GULFPORT, FL 33707

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9. 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
Due by September 14, 2007

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FORNI, DOROTHY
STREET ADDRESS	4080 BEACH DR. S.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	P
NAME	FORNI, DOROTHY
STREET ADDRESS	4301 POMPANO DR SE
CITY-ST-ZIP	ST PETERSBURG, FL 33705
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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dorothy Forni 5/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #