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Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90099 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V67396

1. Entity Name
FAIRWAY SERVICES, INC.

50011044

Principal Place of Business	Mailing Address
10900 S.E. STONEHILL LANE HOBE SOUND, FL 33455	~~P.O. BOX 221 JUPITER, FL 33468 0221~~

2. Principal Place of Business	3. Mailing Address
	10900 S.E. STONEHILL LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HOBE SOUND, FL
Zip / Country	Zip: 33455 / Country: U.S.A.

04072006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-0362170 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CIOFFI, JAMES A.
250 TEQUESTA DR.
SUITE 200
TEQUESTA, FL 33469

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAY, ROBERT A.	NAME	
STREET ADDRESS	10900 S.E. STONEHILL LANE	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAY, KATHY K.	NAME	
STREET ADDRESS	10900 S.E. STONEHILL LANE	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Robert A. May ROBERT A. MAY PRESIDENT 4-10-06 (772) 546-3615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #