

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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**DOCUMENT #** N03000007112  
**1. Entity Name:**  
 PARKWAY CORPORATE CENTER OWNERS' ASSOCIATION, INC.



FILED

04 APR 26 PM 3:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

66410320

01/30/04 90078 041 \$61.25



**Principal Place of Business**  
 3706 DMG DRIVE  
 LAKELAND FL 33811

**Mailing Address**  
 3706 DMG DRIVE  
 LAKELAND FL 33811

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 P.O. Box 5552  
 Suite, Apt. #, etc.

**City & State**  
 Lakeland, FL

**Zip** 33807 **Country** U.S.A.

**4. FEI Number**  Applied For  
 Not Applicable

**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 MOORE, WILLIAM M  
 3706 DMG DRIVE  
 LAKELAND FL 33811

**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 fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25**  
 Due By: May 1, 2004

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, WILLIAM M 842 HANOVER WAY LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CURRY, DAVIS 1102 LAKE POINT DRIVE LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BOBBY L 4880 LAKE JULINA RESERVE DRIVE AUBURNDALE FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CURRY, DANIEL L 3706 DMG DRIVE LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Moore, William M. 3706 D.M.G. Drive Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Curry, David 1019 Pipkin Road Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moore, Bobby L. 3706 D.M.G. Drive Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Curry, Daniel L. 1019 Pipkin Road Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 617, 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:** William M. Moore William M. Moore 01/26/2004 863/644-0456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #