

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 23, 2006 8:00 am
Secretary of State

02-20-2006 90051 044 ****61.25

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



Principal Place of Business: **3706 DMG DRIVE LAKELAND FL 33811**
Mailing Address: **P.O. BOX 5552 LAKELAND FL 33807**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **51-0504843**
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: *William M Moore* DATE: **2/8/06**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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: PD NAME: MOORE, WILLIAM M STREET ADDRESS: 3706 D.M.G. DRIVE CITY-ST-ZIP: LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE: VD NAME: CURRY, DAVID STREET ADDRESS: 1019 PIPKIN ROAD CITY-ST-ZIP: LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE: D NAME: MOORE, BOBBY L STREET ADDRESS: 3706 DMG DRIVE CITY-ST-ZIP: LAKELAND FL 33811	<input type="checkbox"/> Delete
TITLE: ST NAME: CURRY, DANIEL L STREET ADDRESS: 1019 PIPKIN ROAD CITY-ST-ZIP: 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: _____	<input 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
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 exemptions contained in Section 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 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* DATE: **3/21/06**



ATTACHMENT
666006693

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

PARKWAY CORPORATE CENTER OWNERS' ASSOCIATION, INC.
P.O. BOX 5552
LAKELAND, FL 33807

Subject: PARKWAY CORPORATE CENTER OWNERS' ASSOCIATION, INC.

Reference Number: N03000007112

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION