


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G47662**  
 1. Entity Name  
 PARKWAY ASPHALT, INC.



Principal Place of Business      Mailing Address  
 6950 INTERPACE RD                  7396 WESTPORT PLACE  
 RIVIERA BCH, FL 33408 US          WEST PALM BEACH, FL 33413

**DO NOT WRITE IN THIS SPACE**



01132005      No Chg-P      CR2E034 (10/03)

4. FEI Number 59-2309162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CHEATHAM, J. W.  
 7396 WESTPORT PLACE  
 WEST PALM BEACH, FL 33413

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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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	SD ELMORE, GEORGE T 2101 S. CONGRESS AVE. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEATHAM, J W 7396 WESTPORT PLACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, JULIAN J 2801 PONCE DE LEON BLVD STE 1000 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000281877  
 03/31/05-80021-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X       3/18/05 (561) 491-4100  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #