

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
AND  
FILED

*8/10/08*

DOCUMENT # H50300

1. Entity Name

SOUTHWAY BUILDING CORPORATION



08 APR - 2 AM 11:36

Principal Place of Business

2417 SE 58TH AVE.  
OCALA FL 34471  
US

Mailing Address

2417 SE 58TH AVE.  
OCALA FL 34471  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*JP*

*4-11-08*

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-2507376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZARCONI, PETER J., JR.  
3225 NE 14TH ST  
OCALA FL 34470

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

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

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 PD  
NAME ZARCONI, PETER J., JR.  
STREET ADDRESS 3225 NE 14TH ST  
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2417 SE 58th Ave  
CITY-ST-ZIP Ocala, FL 34480 ☒ Change ☐ Addition

TITLE VP  
NAME ZARCONI, KAREN S  
STREET ADDRESS 3225 NE 14TH ST  
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2417 SE 58th Ave  
CITY-ST-ZIP Ocala, FL 34480 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 100123529431  
04/15/08--01008--018 \*\*288.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 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: *Peter J. Zarcone Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*(352) 629-9162*

Daytime Phone #