

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K06823</b> 1. Entity Name <b>PARKWAY DESIGNS CORP.</b>			
Principal Place of Business <b>17162 ALICO CENTER ROAD</b> <b>2</b> <b>FORT MYERS FL 33912</b>		Mailing Address <b>17162 ALICO CENTER ROAD</b> <b>2</b> <b>FORT MYERS FL 33912</b>	
2. Principal Place of Business _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		3. Mailing Address _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____	
4. FEI Number <b>65-0024319</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		1st MCORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent  <b>DEVIC, SONIA M</b> <b>9808 CUDDY CT</b> <b>FT. MYERS FL 33919</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		President <b>SONIA M. DEVIC</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <b>1-31-05</b> <small>DATE</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEVIC, SONIA M. 12490 RIVERSIDE DRIVE FT MYERS FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEVIC, RENEE 12490 RIVERSIDE DRIVE FT. MYERS FL	<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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<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 11 1100000216062 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/05/05-80033-010 150.00			

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:** Pres. **SONIA M. DEVIC** 1-31-05 239.432.9331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #