Apr-26-06 07:42A accounting group

5

FILED
Jun 09, 2006 8:00 am
Secretary of State
05-01-2006 90350 016 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K09928

1. Entity Name
PARKWAY PRINTING, INC.

66018210

Principal Place of Business	Mailing Address
6371 ARC WAY FT. MYERS, FL 33912	2407 E MALL DR FT. MYERS, FL 33901 US

01082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	3345 FOWLER ST.
State, Apt. # etc.	Suite, Apt. # etc.
City & State	City & State: FT. MYERS FL
Zip: Country	Zip: 33901 Country: US

4. FEI Number: 65-0024825 ☐ 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
WILLIAMS, BOBBY E. 387 NORWOOD COURT FT MYERS, FL 33919	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, and agrees to comply with the provisions of Florida Statutes. I am familiar with, and accept the obligations of, my position as registered agent.

SIGNATURE: _____

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $560.00

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 10	
Title Name Street Address City-St-Zip	P BARBOSA, ETHEL 397 NORWOOD CT FT. MYERS, FL	Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	S MEREDITH, DONNA 506 KEENAN AVE. FT. MYERS, FL	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
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
Title Name Street Address City-St-Zip	☐ Delete	Title Name Street Address City-St-Zip	☐ Change ☐ Addition

12. I hereby 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 attached sheet, with all other like empowered.

SIGNATURE: _____