

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 034 ***150.00

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|--|---|--|--|---|--|
| DOCUMENT # K09928 1. Entity Name PARKWAY PRINTING, INC. | | | | | |
| Principal Place of Business 6371 ARC WAY FT. MYERS, FL 33912 | | | Mailing Address 3345 FUNLEA ST FT. MYERS, FL 33901 US | | |
| 2. Principal Place of Business - No P.O. Box # 6371 ARC WAY #1 | | 3. Mailing Address 3345 FOWLER ST | | | |
| Suite, Apt. #, etc. 6371 ARC WAY #1 | | Suite, Apt. # etc. | | | |
| City & State FORT MYERS FL. | | City & State FT. MYERS | | 4. FEI Number 65-0024825 | |
| Zip 33966 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33901 | | Country US | | | |
| 6. Name and Address of Current Registered Agent WILLIAMS, BOBBY E. 387 NORWOOD COURT FT MYERS, FL 33919 | | | 7. Name and Address of New Registered Agent Name RODERICK D MCKEUD Street Address (P.O. Box Number is Not Acceptable) 3345 FOWLER ST City FT MYERS FL Zip 33901 | | |
| 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 <u><i>[Signature]</i></u> DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BARBOSA, ETHEL <input type="checkbox"/> Delete 397 NORWOOD CT. FT. MYERS, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S MEREDITH, DONNA <input type="checkbox"/> Delete 506 KEENAN AVE. FT. MYERS, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVEN BARBOSA 15851 DORTH CIRCLE FORT MYERS FLORIDA 33908 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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 Chapter 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: <u><i>[Signature]</i></u> Steven Barbosa 6/14/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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