

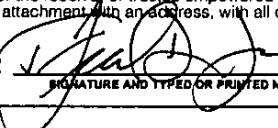


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # K50035 1. Entity Name PARKWAY CAR CARE CENTER, INC.				
Principal Place of Business C/O FRED D. JONES 4053 APALACHEE PARKWAY TALLAHASSEE, FL 32311 US		Mailing Address C/O FRED D. JONES 4053 APALACHEE PARKWAY TALLAHASSEE, FL 32311 US		
DO NOT WRITE IN THIS SPACE				
				 01262007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2918281		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JONES, FRED D. 4053 APALACHEE PARKWAY TALLAHASSEE, FL 32311				DO NOT WRITE IN THIS SPACE
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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE U00000634448 02/22/07-80010-020 150.00
TITLE	D			
NAME	JONES, FREDERICK D.			
STREET ADDRESS	5283 TROUT TRAIL			
CITY-ST-ZIP	TALLAHASSEE, FL 32311			
TITLE	D			
NAME	JONES, RUTH T.			
STREET ADDRESS	5283 TROUT TRAIL			
CITY-ST-ZIP	TALLAHASSEE, FL 32311			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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: 		Fred D. Jones 2-10-07 850-878-7365		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		