

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03921

FILED
Mar 24, 2009
Secretary of State

Entity Name: PARKWAY DISTRIBUTION CENTER, INC.

Current Principal Place of Business:

549 N. GOLDENROD RD.
STE. 12
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 308
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 59-3109631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATHCART, CHRISTOPHER C ESQ.
2699 LEE RD SUITE #101
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CIRIGNANO, TOM
Address: 750 W CALIFORNIA AVE
City-St-Zip: ABSECON, NJ 08201

Title: D () Delete
Name: BOONE, JAIME
Address: 11483 ROCKET BLVD
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: SOH, SAM
Address: 549 N. GOLDENROD RD, STE. 12
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: ELBEN, BARBARA
Address: 306 PHYLLIS ST
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EIBEN, BARBARA
Address: 306 PHYLLIS ST
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA EIBEN

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date