

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03921

**FILED**  
**Jan 07, 2010**  
**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  
Name: CIRIGNANO, TOM  
Address: 750 W CALIFORNIA AVE  
City-St-Zip: ABSECON, NJ 08201

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

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

Title: D  
Name: EIBEN, BARBARA  
Address: 306 PHYLLIS ST  
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: BARBARA EIBEN

D

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date