

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90022 007 ***150.00

DOCUMENT # P00000060416 1. Entity Name PARKWAY GRILLE, INC.					
Principal Place of Business 5517 S. FLETCHER AVE FERNANDINA BEACH, FL 32034 US				Mailing Address 1411 GERBING ROAD FERNANDINA BEACH, FL 32034 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5517 S. FLETCHER AVE Suite, Apt. #, etc.			
City & State FERNANDINA FL.		City & State FERNANDINA FL.		4. FEI Number NOT APPLICABLE	
Zip 32034		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALCOLM, MICHAEL C 532 RUSH ROAD YULEE, FL 32097				7. Name and Address of New Registered Agent Name MICHAEL C. MALCOLM Street Address (P.O. Box Number is Not Acceptable) 86002 RUSH RD. City YULEE FL Zip Code 32097	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MALCOLM, MICHAEL C 532 RUSH ROAD YULEE, FL 32097 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MICHAEL C. MALCOLM 86002 RUSH RD. YULEE, FL. 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MALCOLM, BOBBIE B 532 RUSH RD. YULEE, FL 32097 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BOBBIE B. MALCOLM 86002 RUSH RD. YULEE, FL. 32097 <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	<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 exemption stated in Section 119.07(3)(i), 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>Michael C. Malcolm</u> Michael C MALCOLM <u>5/25/05</u> 504 277-6614 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					