# 2006 FOR PROFIT CORPORATION
# ANNUAL REPORT

**DOCUMENT # P00000060416**

**1.** Entity Name
**PARKWAY GRILLE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5517 S. FLETCHER AVE<br>FERNANDINA BEACH, FL  32034   US | 5517 S. FLETCHER AVE<br>FERNANDINA BEACH, FL  32034    US |

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03242006     No Chg-P        CR2E034 (11/05)

| **4.** FEI Number<br>NOT APPLICABLE | Applied For |
|---|---|
| | Not Applicable |

**5.** Certificate of Status Desired ☐  **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MALCOLM, MICHAEL C
86002 RUSH ROAD
YULEE, FL  32097

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**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 _Michael C Malcolm_

Signature, typed or printed name of registered agent and title if applicable.     (NOTE: Registered Agent signature required when reinstating)

DATE  _4/05/06_

**FILE NOW!!!  FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

**9.** Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000502323
04/25/06-80099-015  150.00

**10.**                    OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VPT |
| NAME | MALCOLM, MICHAEL C |
| STREET ADDRESS | 86002 RUSH RD |
| CITY-ST-ZIP | YULEE, FL  32097 |
| TITLE | PS |
| NAME | MALCOLM, BOBBIE B |
| STREET ADDRESS | 86002 RUSH RD |
| CITY-ST-ZIP | YULEE, FL  32097 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**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:** _Michael C Malcolm_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_4/05/06_  Date     _904 277 6614_  Daytime Phone #