

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90059 045 \*\*\*150.00

<b>DOCUMENT # P03000004044</b>					
<b>1. Entity Name</b> PARKWAY COMPANIES INC.					
<b>Principal Place of Business</b> 10150 BELLE RIVE BOULEVARD EAST APT. #2204 JACKSONVILLE, FL 32256 US			<b>Mailing Address</b> PO BOX 24336 JACKSONVILLE, FL 32241 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2337 ORANGE PICKER RD		<b>3. Mailing Address</b> 2337 ORANGE PICKER RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b> JACKSONVILLE FL		<b>4. FEI Number</b> 33-1039449	
<b>Zip</b> 32223		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PARKS, DWIGHT W 10150 BELLE RIVE BOULEVARD EAST APT. #2204 JACKSONVILLE, FL 32256		<b>7. Name and Address of New Registered Agent</b> Name: PARKS DWIGHT W Street Address (P.O. Box Number is Not Acceptable): 2337 ORANGE PICKER ROAD City: JACKSONVILLE FL Zip Code: 32223			
<b>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.</b> SIGNATURE: <u>Dwight W. Parks PRES</u> (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: PARKS, DWIGHT W STREET ADDRESS: 10150 BELLE RIVE BOULEVARD EAST #2204 CITY-ST-ZIP: JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE: P NAME: PARKS, DWIGHT W STREET ADDRESS: 2337 ORANGE PICKER ROAD CITY-ST-ZIP: JACKSONVILLE, FL 32223	<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	
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	
<b>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 807, 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.</b>					
<b>SIGNATURE:</b> <u>Dwight W. Parks Pres</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-1-07 904-376-7476 Date Daytime Phone #		

DWIGHT W. PARKS