


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90003 027 \*\*\*150.00

<b>DOCUMENT # P03000069618</b> 1. Entity Name <b>PARKWAY ANTIQUES, INC.</b>			
Principal Place of Business <b>5210 ELM CT. CAPE CORAL FL 33904</b>		Mailing Address <b>5210 ELM CT. CAPE CORAL FL 33904</b>	
2. Principal Place of Business - No P.O. Box # <b>1320 CAPE CORAL PKWY</b>		3. Mailing Address <b>1320 CAPE CORAL PKWY</b>	
Suite, Apt. #, etc. <b>CAPE CORAL, FLORIDA</b>		Suite, Apt. #, etc. <b>CAPE CORAL, FLORIDA</b>	
City & State <b>CAPE CORAL, FLORIDA</b>		City & State <b>CAPE CORAL, FLORIDA</b>	
Zip <b>33904</b>	Country <b>U-S-A.</b>	Zip <b>33904</b>	Country <b>U-S-A.</b>
<b>6. Name and Address of Current Registered Agent</b>  <b>COON, SCOTT 5210 ELM CT. CAPE CORAL FL 33904</b>		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PRES</b> <input type="checkbox"/> Delete NAME <b>COON, SCOTT E PRES</b> STREET ADDRESS <b>5210 ELM CT.</b> CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ 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 Section 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:** *Thomas C. Tomich* **THOMAS C. TOMICH**

**2-17-08**

**239-540-2821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #