

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90116 030 ***150.00

DOCUMENT # P05000043973

1. Entity Name

PARKWAY MOTEL & MARINA OF CHOKOLOSKEE ISLAND, INC.



Principal Place of Business

**1180 CHOKOLOSKEE DRIVE
CHOKOLOSKEE ISLAND FL 34138**

Mailing Address

**1180 CHOKOLOSKEE DRIVE
CHOKOLOSKEE ISLAND FL 34138**

2. Principal Place of Business

3. Mailing Address

P.O. Box 340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chokoloskee FL

Zip

Country

Zip

Country

34138

Collier

4. FEI Number

20-2555631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**SHELBURNE, W.C. JR.
1180 CHOKOLOSKEE DRIVE
CHOKOLOSKEE ISLAND FL 34138**

7. Name and Address of New Registered Agent

Name **SHELBURNE W.C. JR.**

Street Address (P.O. Box Number is Not Acceptable) **294 Smallwood Drive**

City **Chokoloskee**

FL

Zip Code

34138

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

W.C. Shelburne Jr

W.C. Shelburne JR DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/17/06**

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHELBURNE, W.C. JR.	
STREET ADDRESS	P.O. BOX 347	
CITY-ST-ZIP	CHOKOLOSKEE ISLAND FL 34138	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELBURNE, GERMAINE K.	
STREET ADDRESS	P.O. BOX 347	
CITY-ST-ZIP	CHOKOLOSKEE ISLAND FL 34138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELBURNE W.C. JR.	
STREET ADDRESS	294 SMALLWOOD DR.	
CITY-ST-ZIP	CHOKOLOSKEE FL 34138	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELBURNE, GERMAINE K.	
STREET ADDRESS	294 SMALLWOOD DR.	
CITY-ST-ZIP	CHOKOLOSKEE FL 34138	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lines empowered.

SIGNATURE:

William C Shelburne Jr
W.C. Shelburne JR DIRECTOR

2-17-06 239-695-3261

Date

Daytime Phone #