

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000043973 1. Entity Name PARKWAY MOTEL & MARINA OF CHOKOLOSKEE ISLAND, INC.	
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Principal Place of Business 1180 CHOKOLOSKEE DRIVE CHOKOLOSKEE ISLAND, FL 34138	Mailing Address POB 340 CHOKOLOSKEE ISLAND, FL 34138
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2555631	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHELBURNE, W.C. JR
294 SMALLWOOD DR
CHOKOLOSKEE, FL 34138**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000643302 03/01/07-80081-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELBURNE, W.C. JR. 294 SMALLWOOD DR CHOKOLOSKEE, FL 34138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELBURNE, GERMAINE K. P.O. BOX 347 CHOKOLOSKEE ISLAND, FL 34138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELBURNE, GERMAINE K 294 SMALLWOOD DR CHOKOLOSKEE, FL 34138
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 W.C. Shelburne Jr **W.C. Shelburne JR.** **2-16-07 239-695-3261**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #