

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043973

FILED  
Mar 15, 2009  
Secretary of State

**Entity Name:** PARKWAY MOTEL & MARINA OF CHOKOLOSKEE ISLAND, INC.

**Current Principal Place of Business:**

1180 CHOKOLOSKEE DRIVE  
CHOKOLOSKEE ISLAND, FL 34138

**New Principal Place of Business:**

**Current Mailing Address:**

POB 340  
CHOKOLOSKEE ISLAND, FL 34138

**New Mailing Address:**

**FEI Number:** 20-2555631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHELBURNE, W.C. JR.  
Address: 294 SMALLWOOD DR  
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D ( ) Delete  
Name: SHELBURNE, GERMAINE K.  
Address: P.O. BOX 347  
City-St-Zip: CHOKOLOSKEE ISLAND, FL 34138

Title: D ( ) Delete  
Name: SHELBURNE, GERMAINE K  
Address: 294 SMALLWOOD DR  
City-St-Zip: CHOKOLOSKEE, FL 34138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WILLIAM C. SHELBURNE JR

PRES

03/15/2009

Electronic Signature of Signing Officer or Director

Date