


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90117 038 ***150.00

| | | | |
|----------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------|-----------------------|
| DOCUMENT # P09430 | |  | |
| 1. Entity Name PARKWAY CENTER DEVELOPMENT, INC. | | | |
| Principal Place of Business 3210 BELT LINE ROAD SUITE 140 DALLAS TX 75234 US | | Mailing Address 3210 BELT LINE ROAD SUITE 140 DALLAS TX 75234 US | |
| 2. Principal Place of Business 6600 LBJ FWY | | 3. Mailing Address 6600 LBJ FWY | |
| Suite, Apt. #, etc. 195 | | Suite, Apt. #, etc. 195 | |
| City & State DALLAS TEXAS | | City & State DALLAS TEXAS | |
| Zip 75240 | Country USA | Zip 75240 | Country USA |



1st MOORE CR2E034 (10/04)

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| 4. FEI Number 75-1995539 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRASSER, PAUL R. 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA FL 33637 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ | | DATE _____ | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WOOLLEY, ROBERT E. 3210 BELT LINE RD., SUITE 140 DALLAS TX <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 LBJ FWY, Suite 195 DALLAS, TX 75240 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PIEKENBROCK, CHRISTINE M 3210 BELT LINE RD., SUITE 140 DALLAS TX <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 LBJ FWY, Suite 195 DALLAS, TX 75240 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GREENWALD, MICHAEL R 3210 BELT LINE RD., SUITE 140 DALLAS TX 75234 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 LBJ FWY, Suite 195 DALLAS, TX 75240 |
| 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 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Christine M. Piekenbrock* **3/31/05** **972-788-2919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #