2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000065160

1. Entity Name

PARKWAY TIRE AND SERVICE, INC.



FILED Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

412 N TYNDALL PKWY CALLAWAY, FL 32404

412 N TYNDALL PKWY CALLAWAY, FL 32404



DO NOT WRITE IN THIS SPACE

04052007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3338166 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOAN ROGER M

412 N TYNDALL PKWY CALLOWAY, FL 32404			IN THIS SPACE		
the obliga	tions of registered agent.	urpose of changing its registered off	ce or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title to	f applicable. (NOTE: Registered Agent	signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Foo will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT D SLOAN, ROGER M 2914 MARRON DR PANAMA CITY, FL 32405 D PINCKARD, STEVEN L 1103 W 28TH PL PANAMA CITY, FL 32405	CTORS		U00000699784 04/19/07-80056-021 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			·		

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 any supplemental 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 additional statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR