

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 607786**

1. Entity Name  
**PARKER HEATING & COOLING, INC.**



Principal Place of Business

**823 SOUTH HWY 22-A  
PANAMA CITY, FL 32404**

Mailing Address

**823 SOUTH HWY 22-A  
PANAMA CITY, FL 32404**

**DO NOT WRITE IN THIS SPACE**

82,3342666666F&

02242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1884050**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, JAMES D  
823 SOUTH HWY 22-A  
PANAMA CITY, FL 32404**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000066712  
02/26/04-80026-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PARKER, JAMES D
STREET ADDRESS	823 S HWY 22-A
CITY-ST-ZIP	PANAMA CITY FL,
TITLE	V
NAME	PARKER, VICTORIA
STREET ADDRESS	823 S. HWY. 22-A
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	V
NAME	PARKER, JAMES DONALD
STREET ADDRESS	823 S. HWY 22A
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

*Victoria L. Parker* *Victoria L. Parker* 2-24-04 850-871-4343