

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000003558

1. Entity Name
PARKEMORE CORPORATION



Principal Place of Business
**2 POND'S EDGE DR
CHADDS FORD, PA 19317 US**

Mailing Address
**P.O. BOX 999
CHADDS FORD, PA 19317**



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0274321	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, BRUCE E
2631 MCCORMICK DR.
SUITE 101
CLEARWATER, FL 33759**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000950601
06/03/08-80073-013 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	MOORE, BRUCE E
STREET ADDRESS	2 POND'S EDGE DR.
CITY-ST-ZIP	CHADDS FORD, PA 19317

TITLE	V
NAME	DOYLE, DENISE M
STREET ADDRESS	2 POND'S EDGE DRIVE
CITY-ST-ZIP	CHADDS FORD, PA 19317

TITLE	AS
NAME	PRICE, ELAINE
STREET ADDRESS	2 POND'S EDGE DRIVE
CITY-ST-ZIP	CHADDS FORD, PA 19317

TITLE	AS
NAME	JOHNSON, JANET L
STREET ADDRESS	2 POND'S EDGE DRIVE
CITY-ST-ZIP	CHADDS FORD, PA 19317

TITLE	V
NAME	LYNAM, MICHAEL A.
STREET ADDRESS	2 POND'S EDGE DRIVE
CITY-ST-ZIP	CHADDS FORD, PA 19317

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 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:

Michael A. Lynam
MICHAEL A. LYNAM
VICE President

4/25/08
Date

610-388-9100
Daytime Phone #