

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H64651

1. Entity Name  
PARKER & KNOWLES GAS SERVICE, INC.



Principal Place of Business  
5748 STATE RD. 542 WEST  
WINTER HAVEN, FL 33880-5117

Mailing Address  
5748 STATE RD. 542 WEST  
WINTER HAVEN, FL 33880-5117

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2552465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, BILLY L  
1517 32ND ST NW  
WINTER HAVEN, FL 33881

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

*Dorothy S. Parker - V. Pres.*

7-9-08

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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PARKER, BILLY L.  
STREET ADDRESS 1517 32ND. ST. NW.  
CITY-ST-ZIP WINTER HAVEN, FL

TITLE VP  
NAME PARKER, DOROTHYS  
STREET ADDRESS 1517 32ND ST NW  
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE TREA  
NAME PARKER, MICHAEL L  
STREET ADDRESS 1517 32ND ST NW  
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/11/08-80001-009 150.00

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:

*Dorothy S. Parker V. Pres.*

Date

Daytime Phone #

7-9-08 863-961-9305