

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043835

FILED
Apr 02, 2007
Secretary of State

Entity Name: PARKER HEATING AND AIR LLC

Current Principal Place of Business:

199 MULBERRY CR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

199 MULBERRY CR.
CRAWFORDVILLE, FL 32327

New Mailing Address:

P.O. BOX 1425
CRAWFORDVILLE
CRAWFORDVILLE, FL 32326

FEI Number: 02-0711491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, BRIAN E SR.
199 MULBERRY CR.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

ALLFLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763 US

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.

SIGNATURE: DEVIN NEWMAN ASST. SECRETARY

04/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARKER, BRIAN E SR
Address: 199 MULBERRY CR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: PARKER, HAROLD L JR
Address: 199 MULBERRY CR.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN E SR PARKER

MGRM

04/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date