2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000114706

1. Entity Name
PARKEY AIR CONDITIONING INC.

Principal Place of Business	Mailing Address
803 INDIANA AVE	803 INDIANA AVE
ST CLOUD, FL 34769	ST CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE

05302006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
90-0119526	Not Applicable

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

6. Name and Address of Current Registered Agent

PARKEY, MARK D
803 INDIANA AVE
ST CLOUD, FL 34769

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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 $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKEY, MARK D
STREET ADDRESS	803 INDIANA AVE
CITY-ST-ZIP	ST CLOUD, FL 34769
TITLE	D
NAME	PARKEY, MICHAEL R
STREET ADDRESS	803 INDIANA AVE
CITY-ST-ZIP	ST CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _____   8/25/06   (407) 892-3901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #