

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90214 044 ***163.75

DOCUMENT # P03000114706

1. Entity Name

PARKEY AIR CONDITIONING INC.



Principal Place of Business

803 INDIANA AVE
ST CLOUD, FL 34769

Mailing Address

803 INDIANA AVE
ST CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0119526

Applied For

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

**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

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

**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 Parkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

(407) 692-8901
Daytime Phone #