2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

ance trodney Van NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 16, 2008 8:00 am Secretary of State DOCUMENT # P05000052945 01-16-2008 90022 030 ***150.00 PARKER HEATING & AIR OF NE FL, INC. Principal Place of Business Mailing Address 1014 S PALM AVENUE 1014 S PALM AVENUE PALATKA, FL 32177 PALATKA, FL 32177 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01142008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-2646044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, JAMES R 1014 S PALM AVENUE Street Address (P.O. Box Number is Not Acceptable) PALATKA, FL 32177 City Zio Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES Delete THILE ☐ Change Addition TITLE PARKER, JAMES R NAME NAME STREET ADDRESS 1014 S PALM AVENUE STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-ZIP VP TITLE ☐ Delete TOLE □ Change ☐ Addition NAME PERRY, JASON B STREET ADDRESS 2112 DIANA DRIVE STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-ZIP TITLE 🔀 Delete THILE ☐ Change ☐ Addition NAME BOYD, JASON 2112 DIANA DRIVE STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP PALATKA, FL 32177 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 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

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