

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000001125**

1. Entity Name  
**PARKER DAVIS HVAC SYSTEMS, INC.**



Principal Place of Business

**8380 N W 64TH STREET  
MIAMI, FL 33166 US**

Mailing Address

**8380 N W 64TH STREET  
MIAMI, FL 33166 US**

**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0630068**

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

**GOKCE, BARAN  
12261 NW 18TH STREET  
PLANTATION, FL 33323**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GOKCE, BARAN  
12261 N.W. 18 STREET  
PLANTATION, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
KLIE, ALEX C  
13264 SW 144 TERRACE  
MIAMI, FL 33186**

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

**U00000523281  
05/03/06-80065-016 150.00**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BARAN GOKCE 4-19-06 305 513 4488**