



**2004- FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90004 001 \*\*\*158.75

DOCUMENT # F02161 1. Entity Name POWER AIR CONDITIONING, INC.				  54014350   MOORE CR2E034 (11/03)	
Principal Place of Business 1525 N OSPREY AVE SARASOTA FL 34236 US		Mailing Address <del>4162 DON MEYER DR</del> <del>SARASOTA FL 34238 1708</del> <del>US</del>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5537 Novara Place Suite, Apt. #, etc.		4. FEI Number 59-2039373 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State Sarasota, Fl 34238			
Zip	Country	Zip	Country US		
6. Name and Address of Current Registered Agent CASTIGLIONE, ROBERT P <del>4162 DON MEYER DR</del> 5537 Novara Pl <del>SARASOTA FL 34238</del> <del>SARASOTA, FL 34238</del>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Robert P. Castiglione</u> DATE <u>2-5-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP President <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTIGLIONE, ROBERT P	NAME			
STREET ADDRESS	<del>4162 DON MEYER DR</del> 5537 Novara Place	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL <del>34238</del> 34238	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERULLO, JOHN	NAME			
STREET ADDRESS	2345 SPRING OAKS DR	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34234	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWELL, TOM	NAME			
STREET ADDRESS	4953 BROOKMEADE DR	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, GEORGE	NAME			
STREET ADDRESS	4033 MIDDLESEX PL	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34241	CITY-ST-ZIP			
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAMRATOSKI, THOMAS	NAME			
STREET ADDRESS	1670 PROSPACT ST	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34239	CITY-ST-ZIP			
TITLE	Secretary Marilyn Castiglione <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	5537 Novaro Place	NAME			
STREET ADDRESS	Sarasota, Fl 34238	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert P. Castiglione</u>		2/5/04 9419257031 <small>DATE DAYTIME PHONE #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					