


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90042 036 ***158.75

DOCUMENT # F02161	
1. Entity Name POWER AIR CONDITIONING, INC.	

Principal Place of Business 1525 N OSPREY AVE SARASOTA, FL 34236 US	Mailing Address 5537 NOVARA PLACE SARASOTA, FL 34238 US
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4000-



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1525 N. Osprey Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SARASOTA, FL
Zip	Country
Country	Zip 34236
	Country US

03102008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CASTIGLIONE, ROBERT P 5537 NOVARA PL SARASOTA, FL 34238		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

4. FEI Number 59-2039373	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CASTIGLIONE, ROBERT P		NAME Wallis, Justin R.	
STREET ADDRESS 5537 NOVARA PLACE		STREET ADDRESS 3325 27th St. West	
CITY-ST-ZIP SARASOTA, FL 34238		CITY-ST-ZIP BRADENTON, FL 34205	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MERULLO, JOHN		NAME Kinstle, Michael T.	
STREET ADDRESS 2345 SPRING OAKS DR		STREET ADDRESS 6912 123rd Ave N.	
CITY-ST-ZIP SARASOTA, FL 34234		CITY-ST-ZIP LARGO, FL 33733	
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 S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTIGIONE, MARILYN		NAME	
STREET ADDRESS 5537 NOVARO PLACE		STREET ADDRESS	
CITY-ST-ZIP SARASOTA, FL 34238		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Robert P. Castiglione Robert P. Castiglione 03-10-08 (941) 362-8801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #