

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02161

FILED
Feb 01, 2011
Secretary of State

Entity Name: POWER AIR CONDITIONING, INC.

Current Principal Place of Business:

1525 N OSPREY AVE
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1525 N OSPREY AVE
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 59-2039373 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASTIGLIONE, ROBERT P
5537 NOVARA PL
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D/VP
Name: CASTIGLIONE, ROBERT P D/VP
Address: 5537 NOVARA PLACE
City-St-Zip: SARASOTA, FL 34238

Title: D/P
Name: WALLIS, JUSTIN R D/P/T
Address: 4716 98TH TERRACE EAST
City-St-Zip: PARRISH, FL 34219

Title: VP
Name: KINSTLE, MICHAEL T VP
Address: 6912 123RD AVE NORTH
City-St-Zip: LARGO, FL 33773

Title: VP
Name: POWELL, THOMAS
Address: 4953 BROOKEMEADE DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: S
Name: CASTIGIONE, MARILYN S
Address: 5537 NOVARO PLACE
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT P. CASTIGLIONE

VP

02/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date