


# 2004- FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

<b>DOCUMENT # F02161</b> 1. Entity Name <b>POWER AIR CONDITIONING, INC.</b>					
Principal Place of Business <b>1525 N OSPREY AVE SARASOTA FL 34238 US</b>			Mailing Address <b>4163 DON MEYER DR SARASOTA FL 34238 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>5537 Novara Place</b> Suite, Apt. #, etc.		
City & State Zip			City & State <b>Sarasota, Fl 34238</b> Zip		
Country <b>US</b>			4. FEI Number <b>59-2039373</b> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Name and Address of Current Registered Agent <b>CASTIGLIONE, ROBERT P 4163 DON MEYER DR SARASOTA FL 34238</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>Robert P. Castiglione</b> DATE <b>2-5-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>President</b> <input type="checkbox"/> Delete NAME <b>CASTIGLIONE, ROBERT P</b> STREET ADDRESS <b>4163 DON MEYER DR 5537 Novara Place</b> CITY-ST-ZIP <b>SARASOTA FL 34238</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>MERULLO, JOHN</b> STREET ADDRESS <b>2345 SPRING OAKS DR</b> CITY-ST-ZIP <b>SARASOTA FL 34234</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>POWELL, TOM</b> STREET ADDRESS <b>4953 BROOKMEADE DR</b> CITY-ST-ZIP <b>SARASOTA FL 34232</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>SMITH, GEORGE</b> STREET ADDRESS <b>4033 MIDDLESEX PL</b> CITY-ST-ZIP <b>SARASOTA FL 34241</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>ST</b> <input checked="" type="checkbox"/> Delete NAME <b>DAMRATOSKI, THOMAS</b> STREET ADDRESS <b>1670 PROSPACT ST</b> CITY-ST-ZIP <b>SARASOTA FL 34239</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>Secretary</b> <input type="checkbox"/> Delete NAME <b>Marilyn Castiglione</b> STREET ADDRESS <b>5537 Novaro Place</b> CITY-ST-ZIP <b>Sarasota, Fl 34238</b>			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS 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> <b>2/5/04</b> <b>941 9257031</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					