

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02161

FILED
Jan 06, 2005
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:

5537 NOVARA PLACE
SARASOTA, FL 34238 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTIGLIONE, ROBERT P
Address: 5537 NOVARA PLACE
City-St-Zip: SARASOTA, FL 34238

Title: VP () Delete
Name: MERULLO, JOHN
Address: 2345 SPRING OAKS DR
City-St-Zip: SARASOTA, FL 34234

Title: VP () Delete
Name: POWELL, TOM
Address: 4953 BROOKMEADE DR
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: SMITH, GEORGE
Address: 4033 MIDDLESEX PL
City-St-Zip: SARASOTA, FL 34241

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT P. CASTIGLIONE

PRES

01/06/2005

Electronic Signature of Signing Officer or Director

Date