


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02161</b> 1. Entity Name POWER AIR CONDITIONING, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2039373	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CASTIGLIONE, ROBERT P 5537 NOVARA PL SARASOTA, FL 34238	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTIGLIONE, ROBERT P 5537 NOVARA PLACE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERULLO, JOHN 2345 SPRING OAKS DR SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POWELL, TOM 4953 BROOKMEADE DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, GEORGE 4033 MIDDLESEX PL SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTIGIONE, MARILYN 5537 NOVARO PLACE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80069-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 1/11/07 941 362 8801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #