

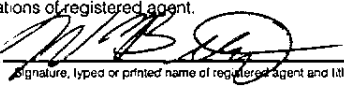
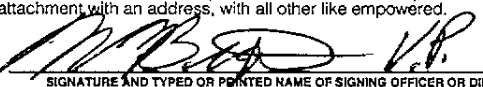


FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # F99080 1. Entity Name PEN AIR CONDITIONING, INC.			
Principal Place of Business 1429A DON ST. % WILLIAM P. BIGLEY, JR. NAPLES, FL 33942 US		Mailing Address 1429A DON ST % WILLIAM P. BIGLEY, JR. NAPLES, FL 33942 US	
DO NOT WRITE IN THIS SPACE			
		02022004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2232081 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIGLEY, WILLIAM P., JR. 1429 DON ST. NAPLES, FL 33942		DO NOT WRITE IN THIS SPACE	
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) 2/4/04 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000045759 02/11/04-80076-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BIGLEY, LINDA M 1429A DON ST. NAPLES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIGLEY, WILLIAM P JR 1429A DON ST. NAPLES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIGLEY, WILLIAM P. 1429A DON ST. NAPLES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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:  2/4/04 239-683-2222 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			