## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99080

Entity Name: PEN AIR CONDITIONING, INC.

1429A DON ST.

NAPLES, FL

Address: City-St-Zip: FILED Jan 15, 2009 Secretary of State

Littly Na	IIIC. FENAIR	SONDITIONING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1429A DO % WILLIAN NAPLES, I	M P. BIGLEY, JI	_	1429A DON ST. % WILLIAM P. BIGLE NAPLES, FL 34104	Y, JR. US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1429A DO % WILLIAN NAPLES, I	M P. BIGLEY, JI		1429A DON ST. % WILLIAM P. BIGLE NAPLES, FL 34104	Y, JR. US	
FEI Number	: 59-2232081	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1429 DON NAPLES, I The above	FL 33942 Use named entity s		BIGLEY, WILLIAM P., 1429 DON ST. NAPLES, FL 34104 urpose of changing its registere	JR. US ed office or registered agent, or both,	
	e of Florida.			0.445/0000	
SIGNATURE: Electronic Signature of Registered Agent			nt	01/15/2009 Date	
Election Car		Trust Fund Contribution ( ).		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST () BIGLEY, LINDA 1429A DON ST. NAPLES, FL	Delete M,	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	PD () BIGLEY, WILLIA 1429A DON ST. NAPLES, FL	Delete MM P JR,	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name:	VP () BIGLEY, WILLIA	Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: LINDA M. BIGLEY ST 01/15/2009