## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000040959

Title:

Name:

Address: City-St-Zip: VΡ

ROGERS, BLAKE B 9486 E SANDPIPER AVE

INVERNESS, FL 34450

Entity Name: CERTIFIED AIR CONDITIONING, INC.

FILED Apr 04, 2012 Secretary of State

| Current Principal Place of Business:          |                                                        |                                       | New Principal Place of Business:          |                                       |
|-----------------------------------------------|--------------------------------------------------------|---------------------------------------|-------------------------------------------|---------------------------------------|
|                                               | NDPIPER AVE<br>SS, FL 34450                            |                                       |                                           |                                       |
| Current Mailing Address:                      |                                                        |                                       | New Mailing Address:                      |                                       |
| PO BOX 1<br>INVERNES                          | 777<br>SS, FL 34451                                    |                                       |                                           |                                       |
| FEI Number: 59-3190350                        |                                                        | FEI Number Applied For ( )            | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent: |                                                        |                                       | Name and Address of New Registered Agent: |                                       |
| INVERNES The above                            | NDPIPER DR<br>SS, FL 34450                             | US<br>obmits this statement for the p | ourpose of changing its registered        | d office or registered agent, or both |
| SIGNATUR                                      | RE:                                                    |                                       |                                           |                                       |
|                                               | Electronic                                             | Signature of Registered Age           | ent                                       | Date                                  |
| OFFICERS                                      | S AND DIRECT                                           | ORS:                                  |                                           |                                       |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P<br>ROGERS, MARK<br>9486 E SANDPIP<br>INVERNESS, FL   | ER DR                                 |                                           |                                       |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ST<br>ROGERS, KAREI<br>9486 E SANDPIP<br>INVERNESS, FL | ER DR                                 |                                           |                                       |

I hereby 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 all other like empowered.

SIGNATURE: MARK R ROGERS PRES 04/04/2012