

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 242090

Entity Name: CONDITIONED AIR CORPORATION OF NAPLES, INC.**Current Principal Place of Business:**3786 MERCANTILE AVE
NAPLES, FL 34104**Current Mailing Address:**3786 MERCANTILE AVE
NAPLES, FL 34104 US**FEI Number:** 59-0910697**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ETZEL, W. T.
3786 MERCANTILE AVE.
NAPLES, FL 34104 US*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**Officer/Director Detail :**

Title	CHIEF EXECUTIVE OFFICER
Name	ETZEL, W T
Address	2628 WHITE CEDAR LANE
City-State-Zip:	NAPLES FL 34109

Title	SECRETARY
Name	LAFFERTY, ROBERT S
Address	1730 SE 11TH ST
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER
Name	PAPESH, CAROL
Address	28432 SOMBRERO DR.
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VICE PRESIDENT
Name	LAFFERTY, ROBERT W
Address	824 S RIO BLVD
City-State-Zip:	FT LAUDERDALE FL 33316

Title	D
Name	KERNEY, MARK
Address	2125 S ANDREWS AVENUE
City-State-Zip:	FT LAUDERDALE FL 33326

Title	PRESIDENT/CHIEF OPERATIONS OFFICER
Name	WALKER, KEITH
Address	1115 20TH AVE NE
City-State-Zip:	NAPLES FL 34120

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: CAROL PAPESH

SR VP/CFOP

01/30/2014

Electronic Signature of Signing Officer/Director Detail_____
Date