

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02161

**Entity Name:** POWER AIR CONDITIONING, INC.**Current Principal Place of Business:**1525 N OSPREY AVE  
SARASOTA, FL 34236**Current Mailing Address:**1525 N OSPREY AVE  
SARASOTA, FL 34236 US**FEI Number:** 59-2039373**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CASTIGLIONE, ROBERT P  
5537 NOVARA PL  
SARASOTA, FL 34238 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	D/VP
Name	CASTIGLIONE, ROBERT PD/VP
Address	5537 NOVARA PLACE
City-State-Zip:	SARASOTA FL 34238

Title	D/P
Name	WALLIS, JUSTIN RD/P/T
Address	4716 98TH TERRACE EAST
City-State-Zip:	PARRISH FL 34219

Title	VP
Name	KINSTLE, MICHAEL TVP
Address	6912 123RD AVE NORTH
City-State-Zip:	LARGO FL 33773

Title	VP
Name	POWELL, THOMAS
Address	4953 BROOKEMEADE DRIVE
City-State-Zip:	SARASOTA FL 34232

Title	S
Name	CASTIGIONE, MARILYN S
Address	5537 NOVARO PLACE
City-State-Zip:	SARASOTA FL 34238

*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:** ROBERT P CASTIGLIONE

D/VP

03/18/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date