

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J32704

**Entity Name:** CENTRAL AIRE CONDITIONING, INC.

**Current Principal Place of Business:**

12441 SUMMERWOOD DR.  
FT. MYERS, FL 33908

**Current Mailing Address:**

% PETER J. GOWING  
12441 SUMMERWOOD DR  
FORT MYERS, FL 33908 US

**FEI Number:** 59-2772070

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOWING, PETER J.  
12441 SUMMERWOOD DR  
FORT MYERS, FL 33908 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 PST  
Name GOWING, PETER J.  
Address 12441 SUMMERWOOD DR  
City-State-Zip: FORT MYERS FL 33908

Title V  
Name GOWING, LYNNE E.  
Address 12441 SUMMERWOOD DR  
City-State-Zip: FORT MYERS FL 33908

*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:** PETER GOWING

**PRESIDENT**

**01/26/2016**

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

\_\_\_\_\_  
Date