

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000040959

**FILED  
Apr 14, 2014  
Secretary of State  
CC3991799783**

**Entity Name:** CERTIFIED AIR CONDITIONING, INC.

**Current Principal Place of Business:**

9486 E SANDPIPER AVE  
INVERNESS, FL 34450

**Current Mailing Address:**

PO BOX 1777  
INVERNESS, FL 34451

**FEI Number:** 59-3190350

**Certificate of Status Desired:** No

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

ROGERS, MARK R  
9486 E SANDPIPER DR  
INVERNESS, FL 34450 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 P  
Name ROGERS, MARK R  
Address 9486 E SANDPIPER DR  
City-State-Zip: INVERNESS FL 34450

Title ST  
Name ROGERS, KAREN M  
Address 9486 E SANDPIPER DR  
City-State-Zip: INVERNESS FL 34450

Title VP  
Name ROGERS, BLAKE B  
Address 9486 E SANDPIPER AVE  
City-State-Zip: INVERNESS FL 34450

*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**

**04/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date