



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90255 040 ***158.75

DOCUMENT # P99000094313 1. Entity Name AVAIRPROS MANAGEMENT, INC.					
Principal Place of Business 2640 GOLDEN GATE PKWY., STE. 301 NAPLES, FL 34105			Mailing Address 2640 GOLDEN GATE PKWY., STE. 301 NAPLES, FL 34105		
2. Principal Place of Business 5551 Ridgewood Dr. Suite, Apt. #, etc. Suite 401		3. Mailing Address 5551 Ridgewood Dr. Suite, Apt. #, etc. Suite 401		20044001 	
City & State Naples, FL		City & State Naples, FL		4. FEI Number 59-3608123	
Zip 34108		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROHM, PHILLIP A 2640 GOLDEN GATE PKWY., STE. 301 NAPLES, FL 34105				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Dr. Suite 401 City Naples FL Zip Code 34108	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Phillip A. Strohm</i></u> PHILLIP A. STROHM April 20, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STROHM, PHILLIP A 2640 GOLDEN GATE PKWY., STE. 301 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, #401 Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIVINGTON, STEVEN P 2640 GOLDEN GATE PKWY., STE. 301 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, #401 Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBER, SHARYN 2640 GOLDEN GATE PKWY., STE. 301 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, #401 Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTO, GREGORY A 2640 GOLDEN GATE PKWY, #301 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, #401 Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMKOVICH, PAUL B 2640 GOLDEN GATE PKWY., STE. 301 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, #401 Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Lou Salomon 5551 Ridgewood Drive, #401 Naples, FL 34108	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Sharyn Barber</i></u> SHARYN BARBER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-20-05 239-262-0010 <small>Date Daytime Phone #</small>		

10.

ATTACHMENT

20044961 # P9000094313

11. Addition/Changes to Officers and Directors

Title	V	<input checked="" type="checkbox"/> Addition
Name	James O. Burchett	
Street Address	5551 Ridgewood Drive, #401	
City-St-Zip	Naples, FL 34108	