

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90281 044 ***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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-3608123	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
--



MOORE CR2E034 (11/03)

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)	
City	FL Zip Code

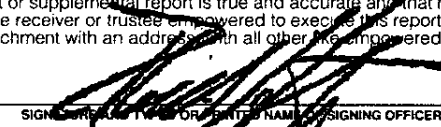
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIVINGTON, STEVEN P 2640 GOLDEN GATE PKWY., STE. 301 NAPLES FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBER, SHARYN 2640 GOLDEN GATE PKWY., STE. 301 NAPLES FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTO, GREGORY A 2640 GOLDEN GATE PKWY., #301 NAPLES FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMKOVICH, PAUL B 2640 GOLDEN GATE PKWY., STE. 301 NAPLES FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 changes.

SIGNATURE:  **Phillip A. Strohm** **4/8 /2004**
SIGNATURE OF THE OFFICER OR DIRECTOR SIGNING OFFICER OR DIRECTOR Date Daytime Phone #