

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K57443

**Entity Name:** AIRPORT & AVIATION PROFESSIONALS, INC.

**Current Principal Place of Business:**

5551 RIDGEWOOD DR., STE 300  
NAPLES, FL 34108

**Current Mailing Address:**

5551 RIDGEWOOD DR., STE 300  
NAPLES, FL 34108

**FEI Number:** 65-0094333

**Certificate of Status Desired:** Yes

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

STROHM, PHILLIP A.  
5551 RIDGEWOOD DR., STE 300  
NAPLES, FL 34108 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 DCEO  
Name STROHM, PHILLIP A.  
Address 5551 RIDGEWOOD DR., STE 300  
City-State-Zip: NAPLES FL 34108

Title VPD  
Name SALOMON, LUIS  
Address 5551 RIDGEWOOD DR., STE 300  
City-State-Zip: NAPLES FL 34108

Title PD  
Name CHIVINGTON, STEVEN P  
Address 5551 RIDGEWOOD DR., STE 300  
City-State-Zip: NAPLES FL 34108

Title VPD  
Name CASTO, GREGORY A  
Address 5551 RIDGEWOOD DR., STE 300  
City-State-Zip: NAPLES FL 34108

Title VPD  
Name DEMKOVICH, PAUL B  
Address 5551 RIDGEWOOD DR., STE 300  
City-State-Zip: NAPLES FL 34108

*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:** JASON NORMAN

**MANAGER-ACCOUNTING 04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date