

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000094313

**Entity Name:** AVAIRPROS MANAGEMENT, INC.**Current Principal Place of Business:**3555 KRAFT ROAD SUITE 300  
NAPLES, FL 34105**Current Mailing Address:**3555 KRAFT ROAD SUITE 300  
NAPLES, FL 34105 US**FEI Number: 59-3608123****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DEMKOVICH, PAUL B  
3555 KRAFT ROAD  
SUITE 300  
NAPLES, FL 34105 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 CORPORATE SECRETARY  
Name MCCARTHY, KATE  
Address 3555 KRAFT ROAD  
SUITE 300  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR/CHIEF EXECUTIVE  
OFFICER  
Name DEMKOVICH, PAUL B  
Address 3555 KRAFT ROAD  
SUITE 300  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR/EXECUTIVE CHAIRMAN  
Name STROHM, PHILLIP A.  
Address 3555 KRAFT ROAD  
SUITE 300  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR, EXECUTIVE VICE  
PRESIDENT  
Name CASTO, GREGORY A  
Address 3555 KRAFT ROAD  
SUITE 300  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR/EXECUTIVE VICE  
PRESIDENT OPERATIONS  
Name CHIVINGTON, STEVEN P  
Address 3555 KRAFT ROAD  
SUITE 300  
City-State-Zip: NAPLES FL 34105

*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: KATE MCCARTHY****CORPORATE SECRETAR 01/21/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date