

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 014 ***158.75

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1. Entity Name
AIRSCAN PACIFIC, INC.



Principal Place of Business
**7017 CHALLENGER AVENUE
TITUSVILLE, FL 32780**

Mailing Address
**7017 CHALLENGER AVENUE
TITUSVILLE, FL 32780**

400000



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0543459

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FOTOPULOS, THOMAS E
7017 CHALLENGER AVENUE
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
SD
MANSUR, JOHN W
STREET ADDRESS
7017 CHALLENGER AVENUE
CITY-ST-ZIP
TITUSVILLE, FL 32780

TITLE
NAME
D
HOLLOWAY, WALTER F
STREET ADDRESS
7017 CHALLENGER AVENUE
CITY-ST-ZIP
TITUSVILLE, FL 32780

TITLE
NAME
TD
MANSUR, VICTORIA
STREET ADDRESS
7017 CHALLENGER AVENUE
CITY-ST-ZIP
TITUSVILLE, FL 32780

TITLE
NAME
PD
FOTOPULOS, THOMAS E
STREET ADDRESS
7017 CHALLENGER AVENUE
CITY-ST-ZIP
TITUSVILLE, FL 32780

TITLE
NAME
AS
GIBBONS, NANCY L
STREET ADDRESS
7017 CHALLENGER AVENUE
CITY-ST-ZIP
TITUSVILLE, FL 32780

TITLE
NAME
D
BRENNAN, CHRYSEIA M
STREET ADDRESS
7017 CHALLENGER AVENUE
CITY-ST-ZIP
TITUSVILLE, FL 32780

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Nancy Gibbons* (NANCY GIBBONS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 (321) 268-9922

Assistant Secretary

Signature Phone #