


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # G02847 1. Entity Name PROFESSIONAL AIR OF PENSACOLA, INC.	
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Principal Place of Business 1320 NORTH KIRK ST PENSACOLA, FL 32505	Mailing Address P.O. BOX 17826 PENSACOLA, FL 32522
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2268360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, LARRY C.
900 BREEZY ACRES RD
PENSACOLA, FL 32534

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000454747 03/22/06-80008-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, LARRY C. 900 BREEZY ACRES RD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, DONNA R. 900 BREEZY ACRES PENSACOLA, FL 00000, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, DONNA R. 900 BREEZY ACRES RD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, BARRY L. 1320 NORTH KIRK STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Donna R. Thompson 2/1/06 (850) 857-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #