2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90033 048 ***150.00

DOCUMENT # K57443

1. Entity Name

AIRPORT & AVIATION PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
C/O PHILLIP A. STROHM 2640 GOLDENGATE PARKWAY, STE 301 NAPLES FL 33942	C/O PHILLIP A. STROHM 2640 GOLDENGATE PARKWAY, STE 301 NAPLES FL 33942

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
5551 Ridgewood Drive	5551 Ridgewood Drive
Suite, Apt. #, etc.: Suite 401	Suite, Apt. #, etc.: Suite 401
City & State: Naples, Fl	City & State: Naples, FL
Zip: 34108 Country: USA	Zip: 34108 Country: USA

4. FEI Number 65-0094333 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STROHM, PHILLIP A.
2640 GOLDEN GATE PARKWAY
SUITE 301
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name: Strohm, Phillip A.
Street Address (P.O. Box Number is Not Acceptable): 5551 Ridgewood Drive
Suite 401
City: Naples, FL Zip Code: 34108

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 _____ 3.11.05
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, 2005 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	DCEO STROHM, PHILLIP A. 2640 GOLDEN GATE PARKWAY NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO Strohm, Phillip A. 5551 Ridgewood Drive, Suite 401 Naples, FL. 34108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SALOMON, LUIS 2640 GOLDEN GATE PKWY NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Salomon, Luis 5551 Ridgewood Drive, Suite 401 Naples, FL. 34108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHIVINGTON, STEVEN P 450 EMORY RIVER RD HARRIMAN TN 37748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Chivington, Steven P. 5551 Ridgewood Drive, Suite 401 Naples, FL. 34108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASTO, GREGORY A 916 6TH STREET S NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Casto, Gregory A. 5551 Ridgewood Drive, Suite 401 Naples, FL. 34108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DEMKOVICH, PAUL B 2640 GOLDEN GATE PKWY NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Demkovich, Paul B. 5551 Ridgewood Drive, Suite 401 Naples, FL. 34108	☒ 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 empowered.

SIGNATURE: Paul B Demkovich 3-11-05
PAUL B DEMKOVICH 239-262-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #