

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90094 019 ***158.75

DOCUMENT # P03000083850

1. Entity Name
AIRSCAN AMERICA, INC.



Principal Place of Business
~~3505 MURRELL RD~~
~~ROCKLEDGE, FL 32955~~
~~XXXXXXXXXXXX~~

Mailing Address
~~3505 MURRELL RD~~
~~ROCKLEDGE, FL 32955~~
~~XXXXXXXXXXXX~~

40028658



2. Principal Place of Business
7017 Challenger Avenue
Suite, Apt. #, etc.

3. Mailing Address
7017 Challenger Avenue
Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

City & State
Titusville, Florida
Zip
32780
Country
U.S.A.

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Titusville, Florida
Zip
32780
Country
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4. FEI Number
65-1202778
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
~~3505 MURRELL RD~~
~~ROCKLEDGE, FL 32955~~
~~XXXXXXXXXXXX~~

7. Name and Address of New Registered Agent

Name
Thomas E. Fotopulos
Street Address (P.O. Box Number is Not Acceptable)
7017 Challenger Avenue
City
Titusville **FL** Zip Code
32780

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

Thomas E. Fotopulos **THOMAS E. FOTOPULOS**

4/10/06
DATE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FOTOPULOS, THOMAS E | |
| STREET ADDRESS | 3505 MURRELL RD | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MANSUR, JOHN W | |
| STREET ADDRESS | 3505 MURRELL RD | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MANSUR, VICTORIA | |
| STREET ADDRESS | 3505 MURRELL RD | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOLLOWAY, WALTER F | |
| STREET ADDRESS | 3505 MURRELL RD | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | GIBBONS, NANCY L | |
| STREET ADDRESS | 3505 MURRELL RD | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Thomas E. Fotopulos | |
| STREET ADDRESS | 7017 Challenger Avenue | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John W. Mansur | |
| STREET ADDRESS | 7017 Challenger Avenue | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Victoria R. Mansur | |
| STREET ADDRESS | 7017 Challenger Avenue | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Walter F. Holloway | |
| STREET ADDRESS | 7017 Challenger Avenue | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | AS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Nancy L. Gibbons | |
| STREET ADDRESS | 7017 Challenger Avenue | |
| CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Chryseia M. Brennan | |
| STREET ADDRESS | 7017 Challenger Avenue | |
| CITY-ST-ZIP | Titusville, FL 3780 | |

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: *Thomas E. Fotopulos* **THOMAS E. FOTOPULOS, PRESIDENT** *4/10/06* **(321) 268-9922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #