


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P9800G047171
 1. Entity Name
 AVAIRPROS CANADA, INC.



Principal Place of Business
 2640 GOLDEN GATE PARKWAY
 SUITE 301
 NAPLES, FL 34105 US

Mailing Address
 2640 GOLDEN GATE PARKWAY
 SUITE 301
 NAPLES, FL 34105 US

DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3514917 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 34105

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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, 2004 Fee will be \$550.00

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

000000089608
 03/15/04-80099-006 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STROHM, PHILLIP A 2640 GOLDEN GATE PKWY #301 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMKOVICH, PAUL B 2640 GOLDEN GATE PKWY #301 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BARBER, SHARYN 2640 GOLDEN GATE PARKWAY #301 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, LARRY 2640 GOLDEN GATE PKWY, #301 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIVINGTON, STEVEN P 2640 GOLDEN GATE PKWY, #301 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTO, GREGORY A 2640 GOLDEN GATE PKWY, #301 NAPLES, FL 34105

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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 Demkovich Paul DEMKOVICH 2.6.04 239-262-0010

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