


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90033 046 ***150.00

DOCUMENT # P98000047171

1. Entity Name
AVAIRPROS CANADA, INC.



Principal Place of Business Mailing Address

**2640 GOLDEN GATE PARKWAY
 SUITE 301
 NAPLES FL 34105
 US**

**2640 GOLDEN GATE PARKWAY
 SUITE 301
 NAPLES FL 34105
 US**

2. Principal Place of Business 3. Mailing Address

5551 Ridgewood Drive **5551 Ridgewood Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 401 **Suite 401**

City & State City & State

Naples, FL. **Naples, FL**

Zip Country Zip Country

34108 **USA** **34108** **USA**



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

59-3514917 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**STROHM, PHILLIP A
 2640 GOLDEN GATE PARKWAY
 SUITE 301
 NAPLES FL 34105**

Name **Strohm, Phillip A**

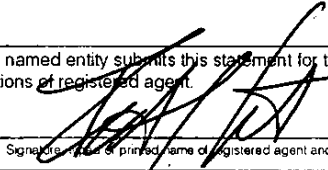
Street Address (P.O. Box Number is Not Acceptable)

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  DATE **3-11-05**

Signature of officer 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, 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 DC	<input type="checkbox"/> Delete	TITLE DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STROHM, PHILLIP A		NAME Strohm, Phillip A	
STREET ADDRESS 2640 GOLDEN GATE PKWY #301		STREET ADDRESS 5551 Ridgewood Drive Suite 401	
CITY-ST-ZIP NAPLES FL 34105		CITY-ST-ZIP Naples, FL 34108	
TITLE VD	<input type="checkbox"/> Delete	TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEM KOVICH, PAUL B		NAME Demkovich, Paul B	
STREET ADDRESS 2640 GOLDEN GATE PKWY #301		STREET ADDRESS 5551 Ridgewood Drive, Suite 401	
CITY-ST-ZIP NAPLES FL 34105		CITY-ST-ZIP Naples, FL 34108	
TITLE CS	<input type="checkbox"/> Delete	TITLE CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBER, SHARYN		NAME Barber, Sharyn	
STREET ADDRESS 2640 GOLDEN GATE PARKWAY #301		STREET ADDRESS 5551 Ridgewood Drive, Suite 401	
CITY-ST-ZIP NAPLES FL 34105		CITY-ST-ZIP Naples, FL 34108	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, LARRY		NAME	
STREET ADDRESS 2640 GOLDEN GATE PKWY, #301		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34105		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIVINGTON, STEVEN P		NAME Chivington, Steven P	
STREET ADDRESS 2640 GOLDEN GATE PKWY, #301		STREET ADDRESS 5551 Ridgewood Drive, Suite 401	
CITY-ST-ZIP NAPLES FL 34105		CITY-ST-ZIP Naples, FL 34108	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTO, GREGORY A		NAME Casto, Gregory A	
STREET ADDRESS 2640 GOLDEN GATE PKWY, #301		STREET ADDRESS 5551 Ridgewood Drive, Suite 401	
CITY-ST-ZIP NAPLES FL 34105		CITY-ST-ZIP Naples, FL 34108	

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** **239-262-0010**

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