

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90030 003 ***150.00

DOCUMENT # P98000105678

1. Entity Name
LP AIR, INC.



Principal Place of Business
316 S. BAYLEN ST., 6TH FLOOR
PENSACOLA, FL 32501

Mailing Address
316 S. BAYLEN ST., 6TH FLOOR
PENSACOLA, FL 32501

94020798



2. Principal Place of Business
316 SOUTH BAYLEN STREET

3. Mailing Address
316 SOUTH BAYLEN STREET

Suite, Apt. #, etc.
6TH FLOOR

Suite, Apt. #, etc.
6TH FLOOR

02182004 Chg-P CR2E034 (10/03)

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number
59-3562904

Applied For
Not Applicable

Zip
32502

Country

Zip
32502

Country

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

CAMPBELL, JAMES S
3 W. GARDEN ST., STE. 700
PENSACOLA, FL 32501

Name
FLACK LOGAN

Street Address (P.O. Box Number is Not Acceptable)
316 SOUTH BAYLEN STREET
6TH FLOOR

City
PENSACOLA

FL

Zip
32502

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

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, 2004 Fee will be \$550.00

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 D ☐ Delete
NAME PAPANTONIO, J. MICHAEL
STREET ADDRESS 316 S. BAYLEN ST., 6TH FLOOR
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE P ☐ Delete
NAME PROCTOR, MARK J
STREET ADDRESS 316 S. BAYLEN ST., 6TH FLOOR
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE S ☐ Delete
NAME THOMAS, LEO A
STREET ADDRESS 316 S. BAYLEN ST., 6TH FLOOR
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME PAPANTONIO, J. MICHAEL
STREET ADDRESS 316 SOUTH BAYLEN STREET, 6TH FLOOR
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE P ☒ Change ☐ Addition
NAME PROCTOR, MARK J.
STREET ADDRESS 316 SOUTH BAYLEN STREET, 6TH FLOOR
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE S ☒ Change ☐ Addition
NAME THOMAS, LEO A.
STREET ADDRESS 316 SOUTH BAYLEN STREET, 6TH FLOOR
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04
Date

850-435-7157
Daytime Phone #