## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## Secretary of State ANNUAL REPORT 02-25-2005 90143 015 \*\*\*150.00 **DOCUMENT # P98000105678** 1. Entity Name LP AIR, INC. Principal Place of Business Mailing Address 316 S. BAYLEN ST., 6TH FLOOR 316 S. BAYLEN ST., 6TH FLOOR PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 02222005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3562904 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NamRobert E. Smith, Jr. LOGAN, FLACK Street Address (P.O. Box Number is Not Acceptable) 316 S. Baylen St. 316 SOUTH BAYLEN STREET **6TH FLOOR** PENSACOLA, FL 32502 6th Floor Pensacola 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. ROBBERT SMITH, Je 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. \*\*\* OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAPANTONIO, J. MICHAEL NAME NAME 316 SOUTH BAYLEN STREET, 6TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PROCTOR, MARK J NAME STREET ADDRESS 316 SOUTH BAYLEN STREET, 6TH FLOOR STREET ADDRESS CITY+ST-7IP PENSACOLA, FL 32501 CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME THOMAS, LEO'A NAME 316 SOUTH BAYLEN STREET, 6TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appowered.

FILED Feb 25, 2005 8:00 am

(850) 435-7000