


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 015 ***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
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40017059

2. Principal Place of Business 316 S. BAYLEN ST. Suite, Apt. #, etc. 6TH FLOOR City & State PENSACOLA, FL	3. Mailing Address 316 S. BAYLEN ST. Suite, Apt. #, etc. 6TH FLOOR City & State PENSACOLA, FL
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02212006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3562904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, ROBERT E JR 316 SOUTH BAYLEN STREET 6TH FLOOR PENSACOLA, FL 32502	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPANTONIO, J. MICHAEL 316 SOUTH BAYLEN STREET, 6TH FLOOR PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPANTONIO, J. MICHAEL 316 S. BAYLEN ST., 6TH FLOOR PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PROCTOR, MARK J 316 SOUTH BAYLEN STREET, 6TH FLOOR PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PROCTOR, MARK J. 316 S. BAYLEN ST., 6TH FLOOR PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, LEO A 316 SOUTH BAYLEN STREET, 6TH FLOOR PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, LEO A 316 S. BAYLEN ST., 6TH FLOOR PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 2/21/06 Daytime Phone #: (850) 435-7000