


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P98000105678 1. Entity Name LP AIR, INC.	
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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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DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

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

SMITH, ROBERT E JR
 316 SOUTH BAYLEN STREET
 6TH FLOOR
 PENSACOLA, FL 32502

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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, 2007 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAPANTONIO, J. MICHAEL 316 SOUTH BAYLEN STREET, 6TH FLOOR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PROCTOR, MARK J 316 SOUTH BAYLEN STREET, 6TH FLOOR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMAS, LEO A 316 SOUTH BAYLEN STREET, 6TH FLOOR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/18/07-80028-004 150.00

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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:  (850) 435-7000

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