

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3562904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**DO NOT WRITE
IN THIS SPACE**

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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04/18/07-80028-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/3/07 435-7000
Date Daytime Phone #