


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90005 045 ***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

40096550



2. Principal Place of Business - No P.O. Box #
 316 S BAYLEN ST 6TH FLOOR

3. Mailing Address
 316 S BAYLEN ST 6TH FLOOR

Suite, Apt. #, etc.

03112008 Chg-P CR2E034 (12/06)

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

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

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, 2008 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPANTONIO, J. MICHAEL	NAME	
STREET ADDRESS	316 SOUTH BAYLEN STREET, 6TH FLOOR	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32502	CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, MARK J	NAME	
STREET ADDRESS	316 SOUTH BAYLEN STREET, 6TH FLOOR	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32502	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LEO A	NAME	
STREET ADDRESS	316 SOUTH BAYLEN STREET, 6TH FLOOR	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32502	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an other like empowered.

SIGNATURE:  DATE: 3/13/08 DAYTIME PHONE #: 850-435-7000

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR