


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		
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.		Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA, FL		4. FEI Number 59-3562904	
Zip 32502		Country		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		
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)					
FILE NOW!!! FEE IS \$150.00. After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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 32502 <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	P PROCTOR, MARK J 316 SOUTH BAYLEN STREET, 6TH FLOOR PENSACOLA, FL 32502 <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	S THOMAS, LEO A 316 SOUTH BAYLEN STREET, 6TH FLOOR PENSACOLA, FL 32502 <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	
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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 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					

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