

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047171

Entity Name: AVAIRPROS PROJECTS, INC.**Current Principal Place of Business:**5551 RIDGEWOOD DRIVE STE 300
NAPLES, FL 34108**Current Mailing Address:**5551 RIDGEWOOD DRIVE STE 300
NAPLES, FL 34108 US**FEI Number: 59-3514917****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DEM KOVICH, PAUL B
5551 RIDGEWOOD DRIVE STE 300
NAPLES, FL 34108 US*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.***SIGNATURE: PAUL B. DEM KOVICH****01/25/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR/CHAIRMAN OF THE
BOARD OF DIRECTORS
Name STROHM, PHILLIP A
Address 5551 RIDGEWOOD DRIVE STE 300
City-State-Zip: NAPLES FL 34108

Title DIRECTOR/CEO
Name CHIVINGTON, STEVEN P
Address 5551 RIDGEWOOD DRIVE STE 300
City-State-Zip: NAPLES FL 34108

Title CS
Name MCCARTHY, KATE
Address 5551 RIDGEWOOD DR.STE 300
City-State-Zip: NAPLES FL 34108

Title DIRECTOR, CFO
Name DEM KOVICH, PAUL B
Address 5551 RIDGE DRIVE STE 300
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name ROSS, MATTHEW
Address 5551 RIDGEWOOD DRIVE STE 300
City-State-Zip: NAPLES FL 34108

Title PRESIDENT
Name CASTO, GREG
Address 5551 RIDGEWOOD DRIVE STE 300
City-State-Zip: NAPLES FL 34108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATE MCCARTHY**CORPORATE
SECRETARY****01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date