


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90133 009 \*\*\*\*61.25

**DOCUMENT # N96000006525**  
 1. Entity Name  
**COASTAL FLIERS CORP.**



Principal Place of Business  
**11482 COLUMBIA PARK DRIVE #2**  
**JACKSONVILLE, FL 32258 US**

Mailing Address  
**PO BOX 600697**  
**JACKSONVILLE, FL 32260 US**

**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2638065**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DIX, DONALD W**  
**11482 COLUMBIA PARK DRIVE #2**  
**JACKSONVILLE, FL 32258**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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	PD DIX, DONALD W 11482 COLUMBIA PARK DRIVE #2 JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRICE, STEPHEN 1415 1ST STREET N #503 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIX, DONALD W JR 11482 COLUMBIA PARK DRIVE #2 JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRICE, STEVEN 1415 1ST STREET N #503 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DIX, DONALD W SR</del> <del>11482 COLUMBIA PARK DRIVE #2</del> <del>JACKSONVILLE, FL 32258</del> <i>Remove</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 titles empowered.

SIGNATURE: Donald W. Dix DONALD W. DIX 4/7/05 904 886-2120  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #