


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000089351**

1. Entity Name  
**ORANGE COAST AIR, INC.**



Principal Place of Business      Mailing Address

2621 GIANTS PLACE      P O BOX 595  
 SEFFNER, FL 33584 US      SEFFNER, FL 33583 US

**DO NOT WRITE IN THIS SPACE**



03252006 No Chg-P CRZE034 (11/05)

4. FEI Number **59-3747988** Applied For / Not Applicable

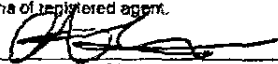
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**INMAN, WILLIAM R**  
**2621 GIANTS PLACE**  
**SEFFNER, FL 33583**

**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  **William R. Inman** **3-31-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistening.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	INMAN, WILLIAM R
STREET ADDRESS	2621 GIANTS PLACE
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	VP
NAME	COLLINS, JESSIE J
STREET ADDRESS	14831 ROBERTS BARN RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	TREA
NAME	INMAN, WILLIAM R
STREET ADDRESS	2621 GIANTS PLACE
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	SEC
NAME	INMAN, WILLIAM R
STREET ADDRESS	2621 GIANTS PLACE
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000489305  
 04/18/06-80019-002 150.00

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:  **William R. Inman** **3-31-06** **813-784-7198**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #