

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000092913**

1. Entity Name  
**COAST TO COAST AIR INC.**



Principal Place of Business  
**699 SOUTH RANGE ROAD  
COCOA, FL 32926**

Mailing Address  
**699 SOUTH RANGE ROAD  
COCOA, FL 32926**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0640850</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**JENNINGS, GROVER C  
699 SOUTH RANGE ROAD  
COCOA, FL 32926**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JENNINGS, GROVER C
STREET ADDRESS	699 SOUTH RANGE ROAD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	VP
NAME	JENNINGS, GREGORY C
STREET ADDRESS	699 SOUTH RANGE ROAD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	VP
NAME	HOLBROOK, ROBERT P
STREET ADDRESS	699 SOUTH RANGE ROAD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	VP
NAME	SALTSMAN, DONALD L
STREET ADDRESS	699 S RANGE RD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000388106  
01/19/06-80066-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Greg Jennings**

**1-12-06 321-633-8085**

Date

Daytime Phone #