2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000059482

1. Entity Name
CHUCK MOSELY ALL COAST AIRCRAFT RECOVERY, INC.

Principal Place of Business	Mailing Address
41524 KITTY HAWK DRIVE WEIRSDALE, FL 32195	41524 KITTY HAWK DRIVE WEIRSDALE, FL 32195

DO NOT WRITE IN THIS SPACE

04162006 No Chg-P CR2E034 (11/05)

4. FEI Number	.	Applied For
27-0057855		Not Applicable

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

6. Name and Address of Current Registered Agent

MOSELY, MARY ANN
41524 KITTY HAWK DRIVE
WEIRSDALE, FL 32195

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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	PD
NAME	MOSELY, CHARLES L
STREET ADDRESS	41524 KITTY HAWK DRIVE
CITY-ST-ZIP	WEIRSDALE, FL 32195

TITLE	STD
NAME	MOSELY, MARY ANN
STREET ADDRESS	41524 KITTY HAWK DRIVE
CITY-ST-ZIP	WEIRSDALE, FL 32195

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _Mary Ann Mosely_ M.A. Mosley, Director   4-19-06   (352) 259-2487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #