2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005
Secretary of State

DOCUMENT# P04000097028

Entity Name: COASTAL AIRWAYS, INC.

Current Principal Place of Business:

5205 NIMITZ ROAD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

5205 NIMITZ ROAD
MILTON, FL 32583

New Mailing Address:

FEI Number: 55-0875250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ATES, DEBRA
5205 NIMITZ ROAD
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROBERTS, RICK
Address: 4202 N. CAMBRIDGE AVE
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: STEBER, KEN
Address: 4615 AVENIDA MARINA
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: ATES, DEBRA
Address: 5205 NIMITZ ROAD
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete
Name: DEMARCUS, CYNTHIA
Address: 4845 JAIMEE LEIGH DRIVE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA ATES MRS 08/04/2005

Electronic Signature of Signing Officer or Director Date