

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P04000097028</b>	
1. Entity Name <b>COASTAL AIRWAYS, INC.</b>	



Principal Place of Business <b>5205 NIMITZ ROAD MILTON, FL 32583</b>	Mailing Address <b>5205 NIMITZ ROAD MILTON, FL 32583</b>
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01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0875250</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  
  
**ATES, DEBRA  
5205 NIMITZ ROAD  
MILTON, FL 32583**

**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**

**1000000417333  
02/13/06-80053-003 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, RICK 4202 N. CAMBRIDGE AVE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEBER, KEN 4615 AVENIDA MARINA PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATES, DEBRA 5205 NIMITZ ROAD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARCUS, CYNTHIA 4845 JAIMEE LEIGH DRIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **1-30-06 830-698-2748**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #