## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jun 09, 2005 8:00 am **Secretary of State DOCUMENT # P04000123199** 1. Entity Name 04-25-2005 90231 024 \*\*\*150.00 COASTAL AVIATION VENTURES, INC. Principal Place of Business Mailing Address 1007 JENKS AVENUE P.O. BOX 27279 PPACEANI PANAMA CITY FL 32401 PANAMA CITY BEACH FL 32411 2. Principal Place of Business 3. Mailing Address Place 299 West 23rd Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Panama 20- 1565 740 Not Applicable <sup>Zp</sup>32405 Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMM, W. GERALD Street Address (P.O. Box Number is Not Acceptable) HAMM & LORD, P.A 1007 JENKS AVENUE PANAMA CITY BEACH FL 32401 City Zip Code 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 (NOTE, Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Troy F. Sufrett Jr. 294 W. 23rd OL TILLE: ☐ Delete TITLE Change Addition HALE HARAF 23rd Place STREET ADDRESS STREET ADDRESS 9 32405 CITY-SI-ZIP Panama ap CITY-ST-ZIP lice President Eduard Anthony Dubose IIILE Delete TITLE ☐ Change Addition NAME NAME 2139 Panama City Beach PKung (POBOX 2784) Janama City Beach F1 32411 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CHY-S1-7/P Sec 1 Treas Steve G. Counts PODOX 27279 TITLE TITLE Delete ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -Panama atm CITY-ST-7IP JITS F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-24P TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-71P CITY-51-ZIP TATLE Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under each; 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 attachmept with an address, with all other like empowered.

FILED