

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90030 046 ***150.00

DOCUMENT # P04000123199

1. Entity Name

COASTAL AVIATION VENTURES, INC.



Principal Place of Business

1007 JENKS AVENUE
PANAMA CITY FL 32401

Mailing Address

299 WEST 23RD PLACE
PANAMA CITY FL 32405



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

20-1565740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HAMM, W. GERALD
HAMM & LORD, P.A.
1007 JENKS AVENUE
PANAMA CITY BEACH FL 32401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SYFRETT, TROY F JR	
STREET ADDRESS	299 W 23RD PLACE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DUBOSE, EDWARD A	
STREET ADDRESS	12139 PANAMA CITY BEACH PKWY	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COUNTS, STEVE C	
STREET ADDRESS	P.O. BOX 27279	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARA PEASE	
STREET ADDRESS	2433 THOMAS DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	MANE NODEN - SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	99 OAK LEAF COURT	
STREET ADDRESS	PANAMA CITY BEACH FL 32413	
CITY-ST-ZIP		
TITLE	PRESIDENT - TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE COUNTS	
STREET ADDRESS	P.O. BOX 27279	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Steve Counts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-06 850 249-3615