


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04060123199	
1. Entity Name COASTAL AVIATION VENTURES, INC.	

Principal Place of Business 1007 JENKS AVENUE PANAMA CITY FL 32401	Mailing Address P.O. BOX 27279 PANAMA CITY FL 32411
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
VP	NODEN, MARC
99 OAK LEAF CT	99 OAK LEAF CT
PANAMA CITY BEACH FL 32413	PANAMA CITY BEACH FL 32413
VP	PEASE, CLARA
2433 THOMAS DR	2433 THOMAS DR
PANAMA CITY FL 32408	PANAMA CITY FL 32408
PT	COUNTS, STEVE C
P.O. BOX 27279	P.O. BOX 27279
PANAMA CITY BEACH FL 32411	PANAMA CITY BEACH FL 32411

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP

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02/01/07-80017-013 150.00

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 person 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 1-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #