2007 FOR PROFIT CORPORATION ANNUAL REPORT (ARE

FILED
Mar 05, 2007 8:00 am
Secretary of State
02-13-2007 90009 029 ***158.75
03-05-2007 90057 049 *****8.75

DOCUMENT # P06000042994

1. Entity Name
SPACE COAST AVIATION SALES INC.

Principal Place of Business	Mailing Address
475 MANOR DR MERRITT ISLAND FL 32952	475 MANOR DR MERRITT ISLAND FL 32952

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
475 MANOR DR.	MERRITT ISLAND
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MERRITT ISLAND FL
Zip: 32952 Country: USA	Zip Country: —

4. FEI Number: 59 3482833 0235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OAKES, VINCENT
475 MANOR DR
MERRITT ISLAND FL 32952

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: Vincent Oakes
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: MARCH 2 07

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAUN, DAWN 475 MANOR DR MERRITT ISLAND FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINCENT OAKES PRES. 475 MANOR DR MERRITT ISLAND FLORIDA 32952	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Vincent Oakes VINCENT OAKES PRES 3/2/07 321 453 4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #