2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000101577

1. Entity Name COASTAL AIR CONSULTING, INC.



May 01, 2008 08:00 AN Secretary of State

FILED

Principal Place of Business

1531 WYNGATE DR DELAND, FL 32724 Mailing Address

1531 WYNGATE DR DELAND, FL 32724



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WEBB, STEPHEN C 1531 WYNGATE DR DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

			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 titla	if applicable. (NOTE: Registers	ed Agent eigneture	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 M Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000940516 05/28/08-80069-024 150.00
10.	OFFICERS AND DIREC	CTORS	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEBB, STEPHEN 1531 WYNGATE DR DELAND, FL 32724				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

Daytime Phone #