

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


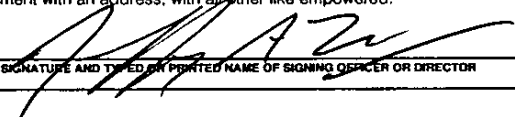
**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90196 003 \*\*\*550.00

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06302005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 561549</b>			
1. Entity Name <b>COACH BUILDERS LIMITED, INC.</b>		Principal Place of Business <b>1410 SOUTH MAIN STREET HIGH SPRINGS, FL 32643 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P. O. BOX 1978 HIGH SPRINGS, FL 32655 US</b>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1851680</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCCULLEN, DONALD 9325 NW 59 LANE GAINESVILLE, FL 32606</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCCULLEN, DONALD 9325 NW 59 LANE GAINESVILLE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MORAN, JEFFREY A 960 BETHLEHEM AVENUE FORT WHITE, FL 32038</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MORAN, JEFFREY A 1501 SW CR 778 FT. WHITE, FL 32038</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: 		Date: <b>Jeffrey A. Moran 7-5-05</b> <input type="checkbox"/> <b>386 454 2060</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	