

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90037 044 ***158.75

DOCUMENT # F06000006156

1. Entity Name
FEATHERLITE COACHES, INC.



Principal Place of Business
**4441 ORANGE BLVD
SANFORD, FL 32771**

Mailing Address
**4441 ORANGE BLVD
SANFORD, FL 32771**

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

02132007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4985526

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOLEY, JAMES S.
4441 ORANGE BLVD
SANFORD, FL 32771**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
CLEMENT, CONRAD D
4441 ORANGE BLVD
SANFORD, FL 32771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCVP
CLEMENT, TRACY
RR 1 BOX 174
SPRING VALLEY, MN 55975** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CLEMENT, TRACY
RR 1 BOX 174
SPRING VALLEY, MN 55975** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
MILLER, JOSHUA C
101 CONVENTION CENTER DRIVE, STE. 850
LAS VEGAS, NV 89109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAYLOR, TERRANCE N
3108 CENTRAL DRIVE
PLANT CITY, FL 33567** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
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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: *Conrad D. Clement CEO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07
Date

407-323-1120
Daytime Phone #

40019220

