


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90269 001 ***300.00

DOCUMENT # F21711 1. Entity Name FLORIDA CUSTOM COACH, INC.	
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Principal Place of Business 31017 AIRWAY ROAD LEESBURG, FL 34748-9727	Mailing Address 31017 AIRWAY ROAD LEESBURG, FL 34748-9727
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2080740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCLIN, WALTER S III N
1000 WEST MAIN STREET
LEESBURG, FL 34748

**DO NOT WRITE
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PADGETT, KEITH 31017 AIRWAY RD LEESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST KRIETE, JOHN 31017 AIRWAY RD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 _____ Date _____ Daytime Phone # _____