


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90055 030 ***158.75

DOCUMENT # F50785					
1. Entity Name FIRST CLASS COACH & EQUIPMENT, INC.					
Principal Place of Business 88 E BROAD SAT WINTER GARDEN FL 34787			Mailing Address 88 E BROAD SAT WINTER GARDEN FL 34787		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2139722	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEWELL, SCOTT T: 88 E BROAD ST WINTER GARDEN FL 34787			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEWELL, SCOTT T		NAME		
STREET ADDRESS	10844 BAYSHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAY, JAMES D		NAME		
STREET ADDRESS	10812 VERSAILLES		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPMAN, TOD		NAME		
STREET ADDRESS	17301 SUMMER OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OBERT, RONALD K		NAME		
STREET ADDRESS	2364 BARONSMEADE CT		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEWELL-BEEBE, KAREN		NAME		
STREET ADDRESS	7940 PRESERVE CIRCLE #912		STREET ADDRESS	1923 Princess Court	
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEWELL, SCOTT E		NAME		
STREET ADDRESS	212 N HIGHLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP		

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:

James D. Bay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

407-656-1175

Daytime Phone #