

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90299 001 ***750.00

DOCUMENT # F91222

1. Entity Name
COACH SERVICES INTERNATIONAL CORPORATION



Principal Place of Business
**31017 AIRWAY RD.
LEESBURG, FL 34748-9727**

Mailing Address
**31017 AIRWAY RD.
LEESBURG, FL 34748-9727**

66001270



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2266444	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. I
1000 WEST MAINS TREET
LEESBURG, FL 32748**

**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 _____
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	D JONES, GRANT L. 18 GLOUCESTER WALK LONDON W8 ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, CAROL A. 18 GLOUCESTER WALK LONDON W8 ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PADGETT, KEITH 31017 AIRWAY RD. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KRIETE, JOHN 31017 AIRWAY ROAD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 reports 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 #