


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F91222 1. Entity Name COACH SERVICES INTERNATIONAL CORPORATION	
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Principal Place of Business 31017 AIRWAY RD. LEESBURG, FL 34748-9727	Mailing Address 31017 AIRWAY RD. LEESBURG, FL 34748-9727
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02192008 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 Fees Required

6. Name and Address of Current Registered Agent

MCLIN, WALTER S. I
1000 WEST MAINS TREET
LEESBURG, FL 32748

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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 the -f applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000858978 04/02/08-80004-002 1050.00
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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	

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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: 2/18/08 Daytime Phone #