FILED Mar 03, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORAT ANNUAL REPORT	ION
· · · · · · · · · · · · · · · · ·	

DOCUMENT # F9900005941 1. Entity Name COUNTRY COACH, INC.							03-03-2	2006 901	25 050 *°	**150.00	
Dringing Place	of Business	Mailing Address			—-		<i>⊷</i> ∪ ∪	11430	1		
Principal Place of Business Mailing Address 135 EAST FIRST STREET 135 EAST FIRST STREET JUNCTION CITY, OR 97448 JUNCTION CITY, OR 97448											
	•					(10)(10 fils	0910 10010 00911 00115 00911				
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02132006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State			- 1	4. FEI Number 93-1258				olied For Applicable	
Zip *	Country	Zip	Coun	try		S. Certificate of Status Desired			8.75 Addi	tional	
			<u> </u>				Address of New R		ee Required		
	6. Name and Address of Current	Registered Agent		Name		. Name and A	Address of New Ki	egistered A	Baur		
	TION SERVICE COMPANY			Street Address (P.O. Box Number is Not Acceptable)							
1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Sileet Au		J. BOX NUMBER	is Not Acceptable	, 				
TALEATAGUEL, TE 02001-2020											
				City	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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE	P	☐ Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS	HOWARD, JAY 132 EAST FIRST AVE		NAM	ET ADDRESS						Į.	
CITY-ST-ZIP	JUNCTION CITY, OR 97448			-ST-ZIP							
TITLE	S	☐ Delete	TITL	E					☐ Change	Addition	
NAME	ANDERSEN, MARK D		NAM	1						ļ	
STREET ADDRESS CITY-ST-ZIP	2055 W 29TH ST EUGENE, OR 97405			ET ADDRESS -ST-ZIP							
TITLE	VP	☐ Delete	TITL						☐ Change	Addition	
NAME	READ, EDWARD L	□ Delete	NAM				•		ري دو.		
STREET ADDRESS	93490 PRAIRIE RD			EET ADDRESS							
CITY-ST-ZIP	JUNCTION CITY, OR 97448			- ST - ZiP	CEO						
TITLE NAME	CFO MARTINI, THOMAS J	☐ Delete	TITL	E	Mant	IN/ Th	omas T		Change	Addition	
STREET ADDRESS	3417 N PERE5TS BLVD		•	EET ADDRESS	3411	N. Per	mas J Ms Blud				
CITY-ST-ZIP	PERRIS, CA 92571		CITY	-ST-ZIP	Perri	5 CA 4	7257/				
TITLE	D	☐ Delete	TITL	- 1					Change	☐ Addition	
NAME	ALBRECHTSON, BRAD		NAN	I	ĺ					}	
STREET ADDRESS CITY - ST - ZIP	3411 N PERRES BLVD PERRIS, CA 92571			EET ADDRESS (-ST-ZIP							
TITLE		. Detete	TETL				•		Change	☐ Addition	
NAME			NAM								
STREET ADDRESS		·		EET ADDRESS							
	certify that the information supplied with	this filing does not qualify			ontained i	n Chapter 119	. Florida Statutes	further cer	tify that the ii	nformation	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify	for the ex	r-ST-ZIP	ontained i	n Chapter 119	, Florida Statutes.	further cer	tify that the in	nformation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; 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. If all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date