


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
08 JUL -2 PM 1:59
TALLAHASSEE, FLORIDA

DOCUMENT # G83759 1. Entity Name AMERICAN COACH LINES OF ORLANDO, INC.					
Principal Place of Business 5430 LBJ FREEWAY, 3 LINCOLN CENTER STE 1075 DALLAS, TX 75240		Mailing Address 5430 LBJ FREEWAY, 3 LINCOLN CENTER STE 1075 DALLAS, TX 75240			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2520985	
Zip		Zip		Country	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$61.25		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 DIR NAME LENTZSCH, CRAIG DIR <input checked="" type="checkbox"/> Delete STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS, TX 75240	TITLE DIR NAME Robert Finke <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS TX 75240		TITLE VPGM NAME Brian Dickson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS TX 75240		
TITLE DSVT NAME MANEY, GEORGE SETRVPD <input type="checkbox"/> Delete STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS, TX 75240	TITLE VASEC, CONTROLLER NAME Linda King <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS TX 75240		TITLE 200132472322 NAME 07/08/08--01021--009 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DP NAME BERGSTROM, WILLIAM PRES DIR <input type="checkbox"/> Delete STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS, TX 75240	TITLE AS NAME CARROLL, DAVID ASEC <input checked="" type="checkbox"/> Delete STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS, TX 75240		TITLE NAME \$77/2 <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE VPGM NAME FEDER, KATHLEEN VPGMNR <input checked="" type="checkbox"/> Delete STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS, TX 75240	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE AS NAME CARROLL, DAVID ASEC <input checked="" type="checkbox"/> Delete STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS, TX 75240	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE AS NAME CARROLL, DAVID ASEC <input checked="" type="checkbox"/> Delete STREET ADDRESS 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 CITY-ST-ZIP DALLAS, TX 75240	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>George Maney</u> Date: <u>6/30/08</u> Daytime Phone #: <u>972-354-3534</u>					