## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P02000092239**

1. Entity Name

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## FILED Jun 09, 2004 8:00 am Secretary of State 06-09-2004 90003 027 \*\*\*150.00

FLORIDA COACH AND TOURS INC.					00-09-2004	90003 027	130.00	
Principal Place of Business 5962 WINDHOVER DRIVE APT. E ORLANDO, FL 32819		Mailing Address 5962 WINDHOVER DRIVE APT. E ORLANDO, FL 32819		1 10 17 10 13 1		CAND INIO HOID NAMA	I I I I I I I I I I I I I I I I I I I	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06062004	Chg-P	CR2E034 (10/	/03)	
City & State		City & State			4. FEI Number Applied For 22-3867434 Not Applicable			
Zip	Country	Zip	Country		e of Status Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current I	Registered Agent		7. Name an	d Address of New Re	gistered Agent		
			Name	Name				
5962 WIN	FREDERICK J IDHOVER DRIVE		Street Add	dress (P.O. Box Numl	per is Not Acceptable)	i		
APT. E ORLANDO, FL 32819								
			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.								
CIONATHIDE								
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  Due by September 8, 2004  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance was corporation did n	ith s. 607.193(2 not receive the p	)(b), F.S., the prior notice.	
10	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICE	CERS AND DIREC	TORS IN 11	
TITLE "	P	☐ Delete	TITLE	- 1 1	J, Altma	Cha	ange 🔲 Addition	
NAME	ALTMAN, FREDERIC J			Frederick	. U, AMMO	א ר		
STREET ADDRESS CITY-ST-ZIP	5962 WINDHOVER DR ORLANDO, FL 32819		STREET ADDRESS CITY-ST-ZIP					
	VP	□ Delete	TITLE					
TITLE NAME	ALTMAN, ALAN R	CT Obiese	NAME				;" }	
STREET ADDRESS	1973 CHATHAWOOD DR.		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32835		C!TY-ST-ZIP	1 ,,,,	í			
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NAME · ~  STREET ADDRESS	ALTMAN, JAMIE L 5962 WINDHOVER DR.	·	NAME STREET ADDRESS	- }		0 .57	<b>←</b> '	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	صا	ssing T	<i>₹'</i> / =	Palona	
TITLE	Т	☐ Delete	TITLE	1 /5	1101	' '	NOSUME H	
NAME	ALTMAN, DAVID C		NAME		_			
STREET ADDRESS	201 PLANTATION CLUB DR		STREET ADDRESS	ہہ ا	$\nu_{\rm c}$			
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	- TA	onky o	H)	H	
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CITY-ST-ZIP		Å.	CITY-ST-ZIP		•	:		
12. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemption stated	d in <del>Section (19.</del> 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: Ludwick J. Altman	6/6/04	407-35)-3//5
SIGNATURE (NID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Dalg	Daytime Phone #