



FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90014 003 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000013120 1. Entity Name VIKING COACHES, INC.																																										
Principal Place of Business 410 HERITAGE WAY FT WALTON BEACH, FL 32547	Mailing Address 410 HERITAGE WAY FT WALTON BEACH, FL 32547	66010812 																																								
DO NOT WRITE IN THIS SPACE		03202008 No Chg-P CR2E034 (11/05)																																								
		4. FEI Number 20-4338892 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 MARKOCH, JOSEPH N 410 HERITAGE WAY FT WALTON BEACH, FL 32547		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 <u>Joseph N. Markoch</u> DATE <u>March 28, 2008</u> <small>(NOTE: Registered Agent signature required when renaming)</small>																																										
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																																								
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>MARKOCH, JOSEPH N</td></tr><tr><td>STREET ADDRESS</td><td>410 HERITAGE WAY</td></tr><tr><td>CITY-ST-ZIP</td><td>FT WALTON BEACH, FL 32547</td></tr><tr><td>TITLE</td><td>V</td></tr><tr><td>NAME</td><td>MAYER, GLEN A</td></tr><tr><td>STREET ADDRESS</td><td>4779 BALBOA RD</td></tr><tr><td>CITY-ST-ZIP</td><td>CRESTVIEW, FL 32536</td></tr><tr><td>TITLE</td><td>S</td></tr><tr><td>NAME</td><td>BOHANNON, DANIEL D</td></tr><tr><td>STREET ADDRESS</td><td>905 SHORT LEAF CT</td></tr><tr><td>CITY-ST-ZIP</td><td>FT WALTON BEACH, FL 32548</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	P	NAME	MARKOCH, JOSEPH N	STREET ADDRESS	410 HERITAGE WAY	CITY-ST-ZIP	FT WALTON BEACH, FL 32547	TITLE	V	NAME	MAYER, GLEN A	STREET ADDRESS	4779 BALBOA RD	CITY-ST-ZIP	CRESTVIEW, FL 32536	TITLE	S	NAME	BOHANNON, DANIEL D	STREET ADDRESS	905 SHORT LEAF CT	CITY-ST-ZIP	FT WALTON BEACH, FL 32548	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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>Joseph N. Markoch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>March 28, 2008</u> <u>862-7716</u> <small>Date Extension Phone #</small>																																								