


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006644

1. Entity Name
 SAVE OUR NATURECOAST, INC.



Principal Place of Business Mailing Address

6901 MCCRAY DRIVE 6901 MCCRAY DRIVE
 HUDSON, FL 34667 HUDSON, FL 34667

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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3684974 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNING, RICHARD
 6901 MCCRAY DRIVE
 HUDSON, FL 34667

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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 _____ DATE _____
Signatures, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-appointing.)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PD |
| NAME | DOWNING, RICHARD |
| STREET ADDRESS | 6901 MCCRAY DRIVE |
| CITY-ST-ZIP | HUDSON, FL 34667 |
| TITLE | D |
| NAME | DOWNING, SANDRA |
| STREET ADDRESS | 6901 MCCRAY DRIVE |
| CITY-ST-ZIP | HUDSON, FL 34667 |
| TITLE | STD |
| NAME | BARLOG, YVONNE |
| STREET ADDRESS | 217 N. STERLING STREET |
| CITY-ST-ZIP | TAMPA, FL 33609 |
| TITLE | VD |
| NAME | JONAS, DOUGLAS |
| STREET ADDRESS | 14907 DELEON DRIVE |
| CITY-ST-ZIP | HUDSON, FL 34667 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000174421
 01/10/05-80010-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, 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: Richard Downing Date _____ Digitally Signed By _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR