# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2011**
**Secretary of State**

DOCUMENT# P98000080612

**Entity Name:** NATURE COAST HOLDINGS, INC.

**Current Principal Place of Business:**

4205 IRA SMITH RD.
SHADY GROVE, FL 32357

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 661
SHADY GROVE, FL 32357

**New Mailing Address:**

**FEI Number: 59-3532648** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROWELL, A. KEITH
1329 ALSHIRE COURT
TALLAHASSEE, FL 32311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DP
Name: ROWELL, A. KEITH
Address: 1865 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD
Name: ROWELL, W. BRENT
Address: COUNTY RD 14, PO BOX 618
City-St-Zip: SHADY GROVE, FL 32357

Title: VSTD
Name: ZORN, DARLA R
Address: 6938 MACKIN LANE
City-St-Zip: KNOXVILLE, TN 37931

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: A. KEITH ROWELL DP 04/29/2011

Electronic Signature of Signing Officer or Director Date