

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000002031**

1. Entity Name  
NATURE COAST HOBBIES, INC.



Principal Place of Business  
6773 S. HANCOCK RD.  
HOMOSASSA, FL 34448

Mailing Address  
6773 S. HANCOCK RD.  
HOMOSASSA, FL 34448



02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3360941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

**6. Name and Address of Current Registered Agent**

FOGG, ALAN R  
6773 S. HANCOCK RD.  
HOMOSASSA, FL 34448

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOGG, ALAN R 6773 S. HANCOCK RD. HOMOSASSA, FL 344485024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOGG, ELIZABETH D 6773 S. HANCOCK RD. HOMOSASSA, FL 344485024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/02/05-80006-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:** *Elizabeth D. Fogg* ELIZABETH D. FOGG

Date

352-628-3990

Daytime Phone #