

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 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



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3360941

Applied For
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
03/28/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

03/28/08-80018-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOGG, ALAN R
STREET ADDRESS	6773 S. HANCOCK RD.
CITY-ST-ZIP	HOMOSASSA, FL 344485024
TITLE	V
NAME	FOGG, ELIZABETH D
STREET ADDRESS	6773 S. HANCOCK RD.
CITY-ST-ZIP	HOMOSASSA, FL 344485024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Elizabeth D. Fogg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH D. FOGG

3/12/08

352-628-6778

Date

Daytime Phone #