

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002749

1. Entity Name
NATURAL RESOURCES GROUP U.S.A., INCORPORATED



Principal Place of Business
**ONE WEISMAN COURT
CRYSTAL RIVER, FL 34429**

Mailing Address
**ONE WEISMAN COURT
CRYSTAL RIVER, FL 34429**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3420547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CEPARANO, JOHN J
JOSEPH & COMPANY CPA'S, INC.
2450 NORTH CITRUS HILLS BLVD.
HERNANDO, FL 34442**

**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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	WEISMAN, LEONARD M
STREET ADDRESS	ONE WEISMAN COURT
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80187-021 150.00

**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)(f), 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: **4-26-04** **(382) 995-9911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #