

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001455 1. Entity Name NATURE COAST RESTAURANTS INC.					
Principal Place of Business 7431 SUNCOAST BLVD HOMOSASSA, FL 34446			Mailing Address 7431 SUNCOAST BLVD HOMOSASSA, FL 34446		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3291877	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOCASTRO, EMMA D 7431 SUNCOAST BLVD. HOMOSASSA, FL 34446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 reissuing)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUGH, HAYWARD 7431 SUNCOAST BLVD. HOMOSASSA, FL 34446	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, DAVID 7431 SUNCOAST BLVD. HOMOSASSA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOCASTRO, EMMA D 7431 SUNCOAST BLVD. HOMOSASSA, FL 34446	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PERTERSON, RAY 7431 SUNCOAST BLVD HOMOSASSA, FL 34446	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 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.			U000000377731 09/07/05-80011-002 70.00		
SIGNATURE: <i>Hayward Hough</i> HAYWARD HOUGH 8-30-05 352-212-5555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					