

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001455

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: NATURE COAST RESTAURANTS INC.

**Current Principal Place of Business:**

7431 SUNCOAST BLVD  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

7431 SUNCOAST BLVD  
HOMOSASSA, FL 34446

**New Mailing Address:**

FEI Number: 59-3291877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOCASTRO, EMMA D  
7431 SUNCOAST BLVD.  
HOMOSASSA, FL 34446 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: PD ( ) Delete  
Name: HOUGH, HAYWARD  
Address: 7431 SUNCOAST BLVD.  
City-St-Zip: HOMOSASSA, FL 34446

Title: VD ( ) Delete  
Name: HUGHES, DAVID  
Address: 7431 SUNCOAST BLVD.  
City-St-Zip: HOMOSASSA, FL

Title: STD ( ) Delete  
Name: LOCASTRO, EMMA D  
Address: 7431 SUNCOAST BLVD.  
City-St-Zip: HOMOSASSA, FL 34446

Title: M (X) Delete  
Name: PERTERSON, RAY  
Address: 7431 SUNCOAST BLVD  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMMA LOCASTRO

STD

04/27/2007

Electronic Signature of Signing Officer or Director

Date