

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90031 011 \*\*\*150.00

<b>DOCUMENT # P00000029129</b> 1. Entity Name <b>FLORIDA'S NATURE COAST PUBLISHING, INC.</b>					
Principal Place of Business <b>10480 NORTHCLIFFE BLVD SPRING HILL, FL 34608 US</b>			Mailing Address <b>P.O. BOX 5348 SPRING HILL, FL 34611</b>		
2. Principal Place of Business - No P.O. Box # <b>4707 N. Eddy Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4707 N. Eddy Dr.</b> Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b> Zip <b>33603</b>		City & State <b>Tampa, FL</b> Zip <b>33603</b>		4. FEI Number <b>59-3633843</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, SHANNON</b> <del>10480 NORTHCLIFFE BLVD</del> <del>SPRING HILL, FL 34608</del>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4707 N. Eddy Dr.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33603</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, SHANNON 10480 NORTHCLIFFE BLVD SPRING HILL, FL 34608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gonzalez, Shannon 4707 N. Eddy Dr. Tampa, FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, BRENT 10480 NORTHCLIFFE BLVD SPRING HILL, FL 34608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gonzalez, Brent 4707 N. Eddy Dr. Tampa, FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/2/08 813-695-7194</b> <small>Date Daytime Phone #</small>		