2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# P00000114224

Entity Name: NATURE COAST REFRIGERATION, INC.

Current Principal Place of Business:

2030 NW 18TH STREET
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

24676 CLAIRE STREET
BONITA SPRINGS, FL 34135

Current Mailing Address:

2030 NW 18TH STREET
CRYSTAL RIVER, FL 34428

New Mailing Address:

24676 CLAIRE STREET
BONITA SPRINGS, FL 34135

FEI Number: 59-3688377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOLQUEIST, DAVID J
2030 NW 18TH STREET
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

DOLQUEIST, DAVID J
24676 CLAIRE STREET
BONITA SPRINGS, FL 34135 US

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: DAVID JOHN DOLQUEIST 04/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOLQUEIST, DAVID J
Address: 2030 NW 18TH STREET
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete
Name: DOLQUEIST, TERESA
Address: 2030 NW 18TH STREET
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DOLQUEIST, DAVID J
Address: 24676 CLAIRE STREET
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change ( ) Addition
Name: DOLQUEIST, TERESA
Address: 24676 CLAIRE STREET
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JOHN DOLQUEIST D 04/06/2004
Electronic Signature of Signing Officer or Director Date