

# 2013 FOR PROFIT CORPORATION ANNUAL REPORT

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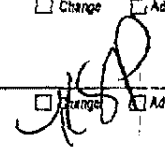
CLERK OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |                                                                                                                                      |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # P01000025137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                     |                                                                   |
| 1. Entity Name<br>NATURAL FLORIDA ECOSYSTEMS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                      |                                                                   |
| Principal Place of Business<br>711 S. ATLANTIC AVE.<br># 503<br>NEW SMYRNA BEACH, FL 32169 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | Mailing Address<br>711 S. ATLANTIC AVE.<br># 503<br>NEW SMYRNA BEACH, FL 32169 US                                                    |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    | 3. Mailing Address                                                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | Suite, Apt. #, etc.                                                                                                                  |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | City & State                                                                                                                         |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                            | Zip                                                                                                                                  | Country                                                           |
| 4. FEI Number<br>59-3733763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    | Applied For<br><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<br><br>ATKINS, JOHN N<br>711 S. ATLANTIC AVE.<br># 503<br>NEW SMYRNA BEACH, FL 32169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                                                                      |                                                                   |
| FILE NOW!!! FEE IS \$550.00<br>Due by September 27, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                       |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PS<br>ATKINS, JOHN N<br>711 S. ATLANTIC AVE. #503<br>NSB, FL 32169 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VPT<br>BRADOW, STUART N<br>201 SHERYL DR.<br>DELTONA, FL 32738 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 an email address with an address, with all other like empowered |                                                                                                    |                                                                                                                                      |                                                                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | John Atkins, 10/21/13 Plawetlands@aol.com                                                                                            |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | DATE                                                                                                                                 |                                                                   |
| E-MAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                                                                                                      |                                                                   |



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10/25/13-01002-007 \*\*550.00





## Annual Report Filing History

Search By Document ID

P01000025137

Search

## Session

| Transaction ID                                    | Description                                                                                         | Filing Stage                |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------|
| p01000025137-13eb839c-16d3-4764-a0de-ff7514ca7eaf | Session file for P01000025137 with last modified date of 9/23/2013 2:26:51 PM Eastern Standard Time | <a href="#">PaymentPage</a> |
| p01000025137-99151ee5-e47a-4bc0-99c4-6ed82dd4084c | Session file for P01000025137 with last modified date of 9/23/2013 8:53:03 AM Eastern Standard Time | <a href="#">PaymentPage</a> |
| p01000025137-b67a2d9c-e5d8-4d74-9070-2523d3db4d9f | Session file for P01000025137 with last modified date of 8/21/2013 9:15:27 AM Eastern Standard Time | <a href="#">FinalReview</a> |

## Transactions

| Transaction Id                                    | Document Id  | Filing Fee | Filing Status | Filing Date           |
|---------------------------------------------------|--------------|------------|---------------|-----------------------|
| 2b1dcde1-8f03-4682-b11c-eeffbcb5f3fb3             | P01000025137 | 0          | 2             | 4/19/2011 12:00:00 AM |
| 86ff1e66-5338-4620-a1f8-e13a31c48a36              | P01000025137 | 0          | 2             | 4/21/2012 12:00:00 AM |
| f4865751-f20c-4518-a3ee-485b671c2390              | P01000025137 | 0          | 2             | 5/21/2010 12:00:00 AM |
| p01000025137-13eb839c-16d3-4764-a0de-ff7514ca7eaf | P01000025137 | 550        | 0             | 9/23/2013 2:26:54 PM  |
| p01000025137-99151ee5-e47a-4bc0-99c4-6ed82dd4084c | P01000025137 | 550        | 0             | 9/23/2013 8:53:04 AM  |

FLA Wetlands@aol.com