

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091923

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** NATURE COAST WATER INC.

**Current Principal Place of Business:**

5 51ST STREET.  
YANKEETOWN, FL 34498 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 252  
YANKEETOWN, FL 34498 US

**New Mailing Address:**

**FEI Number:** 16-1624576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VORISEK, LAURENCE J  
5- 51 ST  
YANKEETOWN, FL 34498 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: PS  
Name: LAURENCE, VORISEK J  
Address: 5 - 51 ST  
City-St-Zip: YANKEETOWN, FL 34498

Title: VPT  
Name: VORISEK, MINDY  
Address: 5 - 51 ST  
City-St-Zip: YANKEETOWN, FL 34498

Title: OFF  
Name: VORISEK, MICHAEL J OFFICER  
Address: 5 51ST STREET  
City-St-Zip: YANKEETOWN, FL 34498

Title: OFF  
Name: VORISEK, BRIAN S OFFICER  
Address: 5 51ST STREET  
City-St-Zip: YANKEETOWN, FL 34498

Title: PS  
Name: VORISEK, LAURENCE J  
Address: P.O. BOX 252  
City-St-Zip: YANKEETOWN, FL 34498

Title: PS  
Name: VORISEK, LAURENCE J  
Address: P.O. BOX 252  
City-St-Zip: YANKEETOWN, FL 34498

I hereby 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 all other like empowered.

SIGNATURE: LAURENCE J. VORISEK

PS

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date