


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90351 039 ***150.00

DOCUMENT # P03000042219

1. Entity Name
NATURE COAST INSURANCE SERVICES, INC.



Principal Place of Business Mailing Address

**2021 NW 18TH ST
 CRYSTAL RIVER FL 34428** **2021 NW 18TH ST
 CRYSTAL RIVER FL 34428**

2. Principal Place of Business 3. Mailing Address

7104 Sesame St. Juv *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Homosassa, FL *Same*

Zip Country Zip Country

34446 *USA*



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**TODD, ROBERT M
 2575 ULMERTON RD, STE 230
 CLEARWATER FL 33762**

4. FEI Number Applied For

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **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 *Dorothy Klomprens - Sec.* DATE *4/27/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KLOMPARENS, DOROTHY	
STREET ADDRESS	2021 NW 18TH ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLOMPARENS, PAUL	
STREET ADDRESS	2021 NW 18TH ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *Dorothy Klomprens* **Dorothy KLOMPARENS** DATE *4/26/04* DAYTIME PHONE # *352-628-3852*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #