

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042219

FILED
Aug 30, 2007
Secretary of State

Entity Name: NATURE COAST INSURANCE SERVICES, INC.

Current Principal Place of Business:

2575 ULMERTON ROAD
SUITE 230
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

2575 ULMERTON ROAD
SUITE 230
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 54-2114110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MRS. () Delete
Name: KLOMPARENS, DOROTHY
Address: 2575 ULMERTON ROAD, SUITE 230
City-St-Zip: CLEARWATER, FL 33762

Title: MR. () Delete
Name: KLOMPARENS, PAUL
Address: 2575 ULMERTON ROAD, SUITE 230
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: /S/ PAUL KLOMPARENS

MR.

08/30/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date