
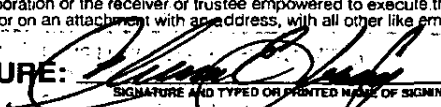


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-29-2004 90062 046 ***150.00

DOCUMENT # P03000082136 1. Entity Name NATURE COAST GULF PROPERTIES, INC.																																															
Principal Place of Business 9030 W FORT ISLAND TRAIL STE 11B CRYSTAL RIVER FL 34429			Mailing Address PO BOX 130 CRYSTAL RIVER FL 34423																																												
2. Principal Place of Business		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip	Country	Zip	Country																																												
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																											
LEAHY, THOMAS E 9030 W FORT ISLAND TRAIL STE 11-B CRYSTAL RIVER FL 34429				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State																																															
10. OFFICERS AND DIRECTORS				9. Election Campaign Financing																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>LEAHY, THOMAS E</td> <td>PO BOX 130</td> <td>CRYSTAL RIVER FL 34429</td> <td></td> </tr> <tr> <td></td> <td>WEIN, ROBERT</td> <td>PO BOX 130</td> <td>CRYSTAL RIVER FL 34429</td> <td></td> </tr> <tr> <td></td> <td>TOMLINSON, CURTIS C</td> <td>PO BOX 130</td> <td>CRYSTAL RIVER FL 34429</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		LEAHY, THOMAS E	PO BOX 130	CRYSTAL RIVER FL 34429			WEIN, ROBERT	PO BOX 130	CRYSTAL RIVER FL 34429			TOMLINSON, CURTIS C	PO BOX 130	CRYSTAL RIVER FL 34429																	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees								
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																															
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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:  THOMAS E LEAHY, PRES. Date: 4/15/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																															



MOORE CR2E034 (11/03)

4. FEI Number **20-0108434** Applied For ☐ Not Applicable ☒

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

357-564-0040