2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000089729

1. Entity Name
NEXT COAST VENTURES, INC.

Principal Place of Business	Mailing Address
820 HWY 98	HC3 98820
MEXICO BEACH, FL 32410 US	MEXICO BEACH, FL 32456

DO NOT WRITE IN THIS SPACE

03202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
76-0737818	Not Applicable

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

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6. Name and Address of Current Registered Agent

COSTIN, CHARLES A
413 WILLIAMS AVE
PORT ST JOE, FL 32456

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

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10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SCOGGINS, MICHAEL
STREET ADDRESS	820 HWY 98
CITY-ST-ZIP	MEXICO BEACH, FL 32456

TITLE	DVS
NAME	CROUSE, KEVIN
STREET ADDRESS	820 HWY 98
CITY-ST-ZIP	MEXICO BEACH, FL 32456

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/07-80076-018 150.00

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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 on an attachment with an address with all other like empowered.

SIGNATURE: _____ KEVIN CROUSE DVS   3/27/07   850/648-1565

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