

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000122183

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** NATURE COAST BRICK PAVERS, INC.

**Current Principal Place of Business:**

8242 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

8242 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613 US

**New Mailing Address:**

**FEI Number:** 20-3420491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, DIANE  
8242 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613 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: DPT  
Name: THOMAS, DIANE  
Address: 8242 COMMERCIAL WAY  
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: DVPS  
Name: THOMAS, TIM  
Address: 8242 COMMERCIAL WAY  
City-St-Zip: WEEKI WACHEE, FL 34613 US

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: DIANE THOMAS

DPT

04/04/2011

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

\_\_\_\_\_  
Date