

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000122977**

1. Entity Name  
**NATURE COAST MARINE ELECTRONICS, INC.**



Principal Place of Business  
**4320 BESSEMER RD  
BROOKSVILLE, FL 34602**

Mailing Address  
**4320 BESSEMER RD  
BROOKSVILLE, FL 34602**



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3456862</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MORSE, MARK S  
4320 BESSEMER RD  
BROOKSVILLE, FL 34602**

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MORSE, JUDY L
STREET ADDRESS	4320 BESSEMER RD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	VP
NAME	MORTELLARO, TIMOTHY J
STREET ADDRESS	3541 GARFIELD DR.
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/07-80046-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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**

*Judy L. Morse* **Judy L. Morse** 2/8/07 352-232-5129  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #