

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jun 28, 2006 8:00 am
Secretary of State

05-02-2006 90180 026 ***150.00

DOCUMENT # P05000145357 1. Entity Name NATURE COAST CNC SPECIALTIES, INC.																													
Principal Place of Business 6579 W PELICAN LANE HOMASASSA, FL 34448 US			Mailing Address 6579 W PELICAN LANE HOMASASSA, FL 34448 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03132008 Chg-P CR2E034 (11/05) 4. FEI Number 20 3696936 ☐ Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent THOMAS, JOHN L JR. 9718 KITY DRIVE SUITE 3 HUDSON, FL 34687				7. Name and Address of New Registered Agent 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 <u>John L. Jr.</u> (NOTE: Registered Agent signature required when remaining) DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">P THOMAS, JOHN L JR</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6579 W PELICAN LANE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">HOMASASSA, FL 34448</td> </tr> </table>			TITLE	P THOMAS, JOHN L JR	☐ Delete	NAME			STREET ADDRESS	6579 W PELICAN LANE		CITY- ST- ZIP	HOMASASSA, FL 34448		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <u>John L. Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				5-1-06 352-503-3381 Date Daytime Phone																									

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