

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000059294**

1. Entity Name  
NATURE COAST POOLS, INC.



Principal Place of Business  
2436 N ESSEX AVENUE  
HERNANDO, FL 34442 US

Mailing Address  
2476 N ESSEX AVENUE  
HERNANDO, FL 34442 US



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3195976

Applied For  
Not Applicable

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

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

ABEL, ERIC D ESQ.  
2476 N ESSEX AVENUE  
HERNANDO, FL 34442

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

**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 BARTON, MICHAEL  
STREET ADDRESS 2436 N ESSEX AVENUE  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D  
NAME TAMPOSI STEPHEN A.  
STREET ADDRESS 2476 N ESSEX AVENUE  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE T  
NAME PASTOR JOHN E.  
STREET ADDRESS 2476 N ESSEX AVENUE  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE S  
NAME ABEL, ERIC D  
STREET ADDRESS 2476 N ESSEX AVE  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000681054  
04/04/07-80027-008 150.00

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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: Stephen A. Tamposi 3/23/07 352-746-6060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #