

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90010 004 ***150.00

DOCUMENT # P95000061770



1. Entity Name
NATIONAL COAL CORP.

Principal Place of Business
319 EBENEZER ROAD
KNOXVILLE, TN 37923

Mailing Address
319 EBENEZER ROAD
KNOXVILLE, TN 37923



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TN

City & State

TN

Zip

Country

Zip

Country

02022004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0601272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITTMAN, SHERLOCK & HYMES
618 E OCEAN BLVD #5
STUART, FL 34994

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NIX, JON	
STREET ADDRESS	319 EBENEZER ROAD	
CITY- ST- ZIP	KNOXVILLE, TN 37923	
TITLE	DE	<input type="checkbox"/> Delete
NAME	BELOTE, FARRALD	
STREET ADDRESS	319 EBENEZER ROAD	
CITY- ST- ZIP	KNOXVILLE, TN 37923	
TITLE	S	<input type="checkbox"/> Delete
NAME	NIX, JEANNE	
STREET ADDRESS	319 EBENEZER ROAD	
CITY- ST- ZIP	KNOXVILLE, TN 37923	
TITLE	D	<input type="checkbox"/> Delete
NAME	KITE, CHARLES	
STREET ADDRESS	319 EBENEZER ROAD	
CITY- ST- ZIP	KNOXVILLE, TN 37923	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP	TN	
TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP	TN	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP	TN	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP	TN	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeannette Nix Jeannette Nix Secretary/Treasurer 2/2/04 (865) 769-3749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #