

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90170 021 ***150.00

DOCUMENT # P96000064248

1. Entity Name

NATURE COAST TRAVEL, INCORPORATED



Principal Place of Business

**200 WEST TOMPKINS STREET
INVERNESS FL 34450**

Mailing Address

**200 WEST TOMPKINS STREET
INVERNESS FL 34450**

2. Principal Place of Business - No P.O. Box #

111 W MAIN STREET

Suite, Apt. #, etc.

SUITE 200

City & State

INVERNESS FL

Zip

34450-4811

Country

USA

3. Mailing Address

111 W MAIN STREET

Suite, Apt. #, etc.

SUITE 200

City & State

INVERNESS FL

Zip

34450-4811

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3395714**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARTHURS, DAVID S
200 WEST TOMPKINS STREET
INVERNESS FL 34450**

7. Name and Address of New Registered Agent

Name

ARTHURS, DAVID S.

Street Address (P.O. Box Number is Not Acceptable)

7233 E OAK ISLE DR

City

INVERNESS

FL

Zip Code

34450

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]

DAVID S. ARTHURS, PRESIDENT

4/10/2007

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
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **ARTHURS, DAVID S**
STREET ADDRESS **7233 E OAK ISLE DR**
CITY- ST- ZIP **INVERNESS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S ARTHURS

4/10/2007

352 726 6623

Date

Daytime Phone #