


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90340 012 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # P96000064248 1. Entity Name NATURE COAST TRAVEL, INCORPORATED | | | |  | |
| Principal Place of Business 111 W. MAIN STREET SUITE 200 INVERNESS FL 34450-4811 | | | Mailing Address 111 W. MAIN STREET SUITE 200 INVERNESS FL 34450-4811 | | |
| 2. Principal Place of Business - No P.O. Box # 209 N. PINE AVENUE Suite, Apt. #, etc. | | 3. Mailing Address 209 N. PINE AVENUE Suite, Apt. #, etc. | | | |
| City & State INVERNESS FL Zip 34450 | | City & State INVERNESS FL Zip 34450 | | 4. FEI Number 59-3395714 | |
| Country US | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ARTHURS, DAVID S 7233 EAST OAK ISLE DRIVE INVERNESS FL 34450 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS ARTHURS, DAVID S 7233 E OAK ISLE DR INVERNESS FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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1st MOORE CR2E034 (10/07)

SIGNATURE:

(Signature of David S. Arthurs)

DAVID S. ARTHURS

4/15/08 3527266623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #