## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # P96000064248



1. Entity Name NATURE COAST TRAVEL, INCORPORATED Principal Place of Business Mailing Address 111 W. MAIN STREET SUITE 200 INVERNESS FL 34450-4811

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

04-28-2008 90340 012 \*\*\*150.00

111 W. MAIN STREET INVERNESS FL 34450-4811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 209 N. PINE AVENUE 209 N. PINE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3395714 INVERNESS FLINVERNESS FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34450 34450 US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARTHURS, DAVID S Street Address (P.O. Box Number is Not Acceptable) 7233 EAST OAK ISLE DRIVE **INVERNESS FL 34450** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed harm of registered rigent and the if applicable, (NOTE Registered Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition MAME ARTHURS, DAVID S NAME STREET ADDRESS 7233 E OAK ISLE DR STREET ADDRESS INVERNESS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIRE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Daiete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Deiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 011Y-ST-719 CITY-ST-7IP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. ARTHURS

4/15/08 3527266623