

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000016545 1. Entity Name NATURE COAST FINANCIAL SERVICES, INC.	
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Principal Place of Business 425 E. NOBLE AVE WILLISTON, FL 32696-0788 US	Mailing Address 425 E. NOBLE AVE WILLISTON, FL 32696-0788 US
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DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3428490	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASON, JAMES
20750 E LEVY ST
SUITE 1
WILLISTON, FL 32696**

**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)
Signature, typed or printed name of registered agent and title if applicable. 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
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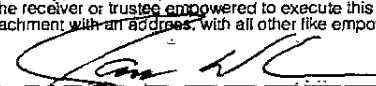
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CASON, JAMES W 20750 E LEVY ST WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ETHERIDGE, G FRANK 14471 NE 20TH ST WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLISLE, JANICE L 19150 SE 3RD ST WILLISTON, FL 32696
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JANICE L. CARLISLE** 1-12-04 352-528-6237
Daytime Phone #