

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000016545

1. Entity Name
NATURE COAST FINANCIAL SERVICES, INC.



Principal Place of Business
**425 E. NOBLE AVE
WILLISTON, FL 32696-0788 US**

Mailing Address
**425 E. NOBLE AVE
WILLISTON, FL 32696-0788 US**



03212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000478799
04/08/06-80019-012 150.00**

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James W. Cason Jr 3/21/06 352-528-6237