

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000074873

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: NATURE COAST TREATS, INC.

## Current Principal Place of Business:

370 SUZANNE DR  
SPRING HILL, FL 34607 US

## New Principal Place of Business:

404 SUZANNE DR  
SPRING HILL, FL 34607 US

## Current Mailing Address:

12828 ROYAL GEORGE AVENUE  
ODESSA, FL 33556

## New Mailing Address:

FEI Number: 59-3464169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLIN, DOUGLAS W  
12828 ROYAL GEORGE AVENUE  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KELLIN, DOUGLAS W  
Address: 12828 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Delete  
Name: KELLIN, THOMAS W  
Address: 16413 BIRKDALE DR  
City-St-Zip: ODESSA, FL 33556

Title: T ( ) Delete  
Name: KELLIN, VICKY L  
Address: 12828 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS KELLIN

P

04/21/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date