

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000429

FILED
Apr 12, 2004
Secretary of State

Entity Name: SPACE COAST NATURE EDUCATE-TOURS, INC.

Current Principal Place of Business:

30 N HOLIDAY LN
TITUSVILLE, FL 32796 US

New Principal Place of Business:

451 MARINA RD.
A-23
TITUSVILLE, FL 32796 US

Current Mailing Address:

30 N HOLIDAY LN
TITUSVILLE, FL 32796 US

New Mailing Address:

451 MARINA RD.
A-23
TITUSVILLE, FL 32796 US

FEI Number: 59-3484634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORSTAD, RONALD P
4747 S WASHINGTON AVE, #151
TITUSVILLE, FL 32780

Name and Address of New Registered Agent:

FLOYD, DAVID D
451 MARINA RD
A-23
TITUSVILLE, FL 32796

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: DAVID DOUGLAS FLOYD

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THORSTAD, RONALD P
Address: 4747 S WASHINGTON AVE, #151
City-St-Zip: TITUSVILLE, FL 32780

Title: STD () Delete
Name: THORSTAD, DONNA B
Address: 4747 S WASHINGTON AVE, #151
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIMAURO, CAROL L
Address: 451 MARINA RD. # A-23
City-St-Zip: TITUSVILLE, FL 32796

Title: STD (X) Change () Addition
Name: FLOYD, DOUGLAS D
Address: 451 MARINA RD. # A-23
City-St-Zip: TITUSVILLE, FL 32796

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: CAROL LYNN LIMAURO

PD

04/12/2004

Electronic Signature of Signing Officer or Director

Date