

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000001624

1. Entity Name
BRANCHING OUT-NATURE COAST, INC.



Principal Place of Business

P.O. BOX 5
PORT RICHEY, FL 34668
34673

Mailing Address

P.O. BOX 5
PORT RICHEY, FL 34668
34673

DO NOT WRITE IN THIS SPACE

**FILED
Mar 15, 2004 8:00 am
Secretary of State**

03-15-2004 90032 032 ***150.00

44017013



03082004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3484448 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

TEW, WILLIE
P.O. BOX 5
8143 CHANNEL DRIVE
PORT RICHEY, FL 34668

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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME TEW, WILLIE
STREET ADDRESS P.O. BOX 5 (NA)
CITY-ST-ZIP PORT RICHEY, FL 34668 34673

TITLE D
NAME TEW, DEBORAH T
STREET ADDRESS P.O. BOX 5 (NA)
CITY-ST-ZIP PORT RICHEY, FL 34668 34673

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 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: *Willie Tew*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

727-842-3669

Date

Daytime Phone #