

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-24-2004 90022 041 ***100.00
03-15-2004 90073 027 ****50.00

DOCUMENT # P98000080612

1. Entity Name

NATURE COAST HOLDINGS, INC.



Principal Place of Business

COUNTY ROAD 14-A
SHADY GROVE FL 32357

Mailing Address

P.O. BOX 661
SHADY GROVE FL 32357

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3532648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWELL, A. KEITH
1329 ALSHIRE COURT
TALLAHASSEE FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP
DP
ROWELL, A. KEITH
1329 ALSHIRE CT. S.
TALLAHASSEE FL 32311

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP
VPD
ROWELL, W. BRENT
COUNTY RD 14, PO BOX 618
SHADY GROVE FL 32357

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP
VSTD
ZORN, DARLA R
6938 MCKIN LANE
KNOXVILLE TN 37931

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP
6938 MCKIN LANE

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

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: A. Keith Rowell A. Keith Rowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

850
8385900

Daytime Phone #