## FILED May 03, 2004 8:00 am Secretary of State

2004	<b>FOR</b>	<b>PROI</b>	FIT	COF	RPC	)RA	ΓΙΟ	N
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PRINCIPAL PRINCE AT 1842B US  P.O. 80 979  HOMOSASSA SPRINSS, FL 34447  2. Principal Place of Business  Sura, Apr. 4, etc.  Suite, Apr. 5, etc.  Suite, Apr. 6, etc.  Suite, Apr.	DOCUMENT # P99000013733  1. Entity Name NATURE COAST TOURISM DEVELOPMENT, INC.				05-03-2004 91236 004 ***150.00				
S.37 MORTH CRITER, SAFFARE   SAFFA	Principal Place of B	usiness	Mailing Address						
Surfa, Apl. 4, etc.    Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Applied For Suite, Suite, Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Suite, Apr. 4, etc.   Applied For Suite, Suite, Suite, Suite, Applied For Suite, Suite, Apr. 4, etc.   Apr. 4, etc.   Applied For Suite, Suite, Apr. 4, etc.   Applied For Suite, Applied For Suite, Suite, Apr. 4, etc.   Applied For Suite, Suite, Apr. 4, etc.   Applied For Suite, Suite, Apr. 4, etc.   App. 4, etc.   Applied For Suite, Suite, Apr. 4, etc.   Applied For Suite, Applied For Suite, Applied For Suite, Applied For Suite, Apr. 4, etc.   Applied For Suite,	537 NORTH CITRUS AVENUE		P.O. BOX 979						
City & Stude  Ci	Principal Place of Business		3. Mailing Address						
S9-3583151   New Applicable	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012004 Chg-P CR2E034 (10/03)				
**Series And Address of Current Registered Agem*  7. Name and Address of New Registered Agem*  VIRGO, AMY L 631 SE I ST CT  CRYSTAL RIVER, FL 34429  8. The above named entity submits this statement for the purpose of changing its registered diffice or flag stered agent, or both, in the State of Fiorida. I am familiar with, and acceptable the or fire of beginning the registered Agent special property and the information and property and property and the information and property and property and property and property and property and property and pregistered Agent special property and and property and property an	City & State		City & State						
Name ###   Name #**   Name ###	Zip	Country	Zip	Country					
STRET AURES STRET		Name and Address of Current i	Registered Agent		7. Name and Address of New Registered Agent				
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