

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90035 044 ***158.75

DOCUMENT # P99000041845

1. Entity Name

NATURE COAST DRIVER IMPROVEMENT, INC.



Principal Place of Business

4 WEST PARK AVENUE
CHIEFLAND FL 32626

Mailing Address

11570 NW 68TH TERRACE
CHIEFLAND FL 32626

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

11590 NW 68TH TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chiefland Fl.

Zip

Country

Zip

32626

Country

FL

4. FEI Number

59-3574677

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ROBERT L
11590 NW 68TH TERR.
CHIEFLAND FL 32626

Name

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

City

FL

Zip Code

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, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, ROBERT L | |
| STREET ADDRESS | 11590 NW 68TH TERR. | |
| CITY-ST-ZIP | CHIEFLAND FL 32626 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| STREET ADDRESS | | |
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| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L Williams

Date

3-5-08

Daytime Phone #

352
486-5420

Fax #

352
486-5420