

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2004
Secretary of State**

DOCUMENT# N02000001241

Entity Name: MATLACHA MARINES, INC.

Current Principal Place of Business:

4271 PINE ISLAND RD.
MATLACHA, FL 33993

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21
MATLACHA, FL 33993

New Mailing Address:

FEI Number: 02-0635879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BERNARD
4271 PINE ISLAND RD.
MATLACHA, FL 33993 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JOHNSON, BERNARD
Address: 4271 PINE ISLAND RD.
City-St-Zip: MATLACHA, FL 33993

Title: D () Delete
Name: MAHER, DICK
Address: 2715 VELMA ST.
City-St-Zip: MATLACHA, FL 33993

Title: DS () Delete
Name: LAFERA, JOHN
Address: 4759 FLAMINGO DR.
City-St-Zip: ST. JAMES CITY, FL 33956

Title: DT () Delete
Name: RUSCIK, TOM
Address: 7840 LOBEAN LANE
City-St-Zip: BOKEELIA, FL 33922

Title: VP () Delete
Name: GOODWIN, DANA
Address: 12370 SHOREVIEW DR
City-St-Zip: CAPE CORAL, FL 33991

Title: D (X) Delete
Name: TOLLIVER, JERRY
Address: 1210 SW 1 PLACE
City-St-Zip: CAPE CORAL, FL 33997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. RUSCIK

DT

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date