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2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000001241

1. Entity Name
MATLACHA MARINERS, INC.



FILED
05 DEC 13 PM 2:11

Principal Place of Business
4271 PINE ISLAND RD.
MATLACHA, FL 33993

Mailing Address
P.O. BOX 21
MATLACHA, FL 33993


2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

SECURITY CODE
DATE
B 12/14/05



City & State

City & State

Zip

Country

Zip

Country

12032005 Chg-NP CIR2E037 (10/03)

4. FEI Number
02-0635879

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 fee payable (NOTE: Registered Agent's signature required when extending) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
OFFICER/DIRECTOR NAME: UP RUSCIK, THOMAS W STREET ADDRESS: 7840 LOBEAN LANE CITY-STATE-ZIP: BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete
OFFICER/DIRECTOR NAME: D MAHER, DICK STREET ADDRESS: 2715 VELMA ST. CITY-STATE-ZIP: MATLACHA, FL 33993	<input checked="" type="checkbox"/> Delete
OFFICER/DIRECTOR NAME: DS TUMIATI, WALT STREET ADDRESS: 120 S.W. 38 PLACE CITY-STATE-ZIP: CAPE CORAL, FL 33901	<input checked="" type="checkbox"/> Delete
OFFICER/DIRECTOR NAME: BT EDWARDS, LYNN STREET ADDRESS: P.O. BOX 463 CITY-STATE-ZIP: SAINT JAMES, FL 33956	<input type="checkbox"/> Delete
OFFICER/DIRECTOR NAME: VP MCKEE, WILLIAM STREET ADDRESS: 2865 VELMA ST. CITY-STATE-ZIP: MATLACHA, FL 33993	<input checked="" type="checkbox"/> Delete
OFFICER/DIRECTOR NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
OFFICER/DIRECTOR NAME: P/D. Jerry L. Tolliver STREET ADDRESS: 1210 SW. 1st. PL. CITY-STATE-ZIP: Cape Coral, FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER/DIRECTOR NAME: V/D. Stan Bubrod STREET ADDRESS: 4667 Gary Parker Ln. CITY-STATE-ZIP: St. James City, FL 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER/DIRECTOR NAME: S/D. Orion Anderson STREET ADDRESS: 12108 Boat Shell Dr. CITY-STATE-ZIP: Matlacha Isles, FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER/DIRECTOR NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER/DIRECTOR NAME: AS/D. George Carbone STREET ADDRESS: 701 SE. 21st. Ave. CITY-STATE-ZIP: Cape Coral, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER/DIRECTOR NAME: D. Dana Goodwin STREET ADDRESS: 12370 Shoreview Dr. CITY-STATE-ZIP: Matlacha, FL 33993	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(c), 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 fee empowered.

SIGNATURE: Jerry L. Tolliver 12/3/05 239 574 8646

TYPE, PRINT AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000001241 1. Entity Name MATLACHA MARINERS, INC.					
Principal Place of Business 4271 PINE ISLAND RD. MATLACHA, FL 33993			Mailing Address P.O. BOX 21 MATLACHA, FL 33993		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc		12032005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FE Number 02-0635879	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, BERNARD 4271 PINE ISLAND RD. MATLACHA, FL 33993				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent or authorized officer)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> DELETE	OFFICER NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	
<input checked="" type="checkbox"/>	DP RUSCIK, THOMAS W 7840 LOBEAN LANE BOKEELIA, FL 33922	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	D MAHER, DICK 2715 VELMA ST. MATLACHA, FL 33993	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	DS TUMIATI, WALT 120 S.W. 38 PLACE CAPE CORAL, FL 33901	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	DT EDWARDS, LYNN P.O. BOX 463 SAINT JAMES, FL 33956	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	VP MCKEE, WILLIAM 2885 VELMA ST. MATLACHA, FL 33993	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	D. Bernard Johnson P.O. Box 2 Matlacha, FL 33993	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 517, 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: <i>James A. Collins</i> <i>Jerry L. Tolliver</i> 12/3/05 239 574-8646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

list officer or director in 11