

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2006
Secretary of State**

DOCUMENT# N02000001241

Entity Name: MATLACHA MARINERS, 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 (X)

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: PD () Delete
Name: TOLLIVER, JERRY L
Address: 1210 SW 1ST PL.
City-St-Zip: CAPE CORAL, FL 33991

Title: VD () Delete
Name: BUFORD, STAN
Address: 4667 GARY PARKER LN.
City-St-Zip: ST JAMES CITY, FL 33956

Title: SD () Delete
Name: ANDERSON, ORION
Address: 12108 BOAT SHELL DR
City-St-Zip: MATLACHA ISLES, FL 33991

Title: DT () Delete
Name: EDWARDS, LYNN
Address: P.O. BOX 463
City-St-Zip: SAINT JAMES, FL 33956

Title: ASD () Delete
Name: CARBONE, GEORGE
Address: 701 SE 21CT AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: GOODWIN, DANA
Address: 12370 SHOREVIEW DR
City-St-Zip: MATLACHA, FL 33993

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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Address:
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 Chapter 119, 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: JERRY TOLLIVER

PD

03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date