

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 30, 2007 8:00 am
Secretary of State

DOCUMENT # N02000001241

1. Entity Name

MATLACHA MARINERS, INC.



03-30-2007 90147 001 ****61.25

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 - No P.O. Box #

MATLACHA MARINERS

Suite, Apt. #, etc.

3. Mailing Address

4618 PINE ISLAND RD.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

MATLACHA

City & State

FLORIDA

4. FEI Number

02-0635879

Applied For

Not Applicable

Zip

33993

Country

LEE

Zip

33996

Country

LEE

5. Certificate of Status Desired

\$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 **JERRY TOLLIVER**
Street Address (P.O. Box Number is Not Acceptable)
4618 PINE ISLAND ROAD
City **MATLACHA** FL Zip Code **33993**

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

3/14/07
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TOLLIVER, JERRY L	
STREET ADDRESS	1210 SW 1ST PL.	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BUFORD, STAN	
STREET ADDRESS	4667 GARY PARKER LN.	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, ORION	
STREET ADDRESS	12108 BOAT SHELL DR.	
CITY-ST-ZIP	MATLACHA ISLES FL 33991	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, LYNN	
STREET ADDRESS	P.O. BOX 463	
CITY-ST-ZIP	SAINT JAMES FL 33956	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	CARBONE, GEORGE	
STREET ADDRESS	701 SE 21CT AVE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWIN, DANA	
STREET ADDRESS	12370 SHOREVIEW DR	
CITY-ST-ZIP	MATLACHA FL 33993	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, LARRY	
STREET ADDRESS	640 SE 21ST AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLIVER, JERRY	
STREET ADDRESS	1210 SW 1ST PL	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ORION	
STREET ADDRESS	12108 BOAT SHELL DR.	
CITY-ST-ZIP	MATLACHA, FL 33991	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED BYRON	
STREET ADDRESS	4920 GULFGATE LN.	
CITY-ST-ZIP	ST JAMES CITY, FL 33956	
TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEARY, GENE	
STREET ADDRESS	P.O. Box 114	
CITY-ST-ZIP	MATLACHA, FL 33993	
TITLE	JD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RAND	
STREET ADDRESS	2886 TRIGGERFISH ST.	
CITY-ST-ZIP	MATLACHA, FL 33993	

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 617, 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:

FRED BYRON, PRES.

3/11/07 239 283 4873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #