


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # N08671 1. Entity Name ESTUARY OF MARCO, INC.	
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Principal Place of Business P.O. BOX 1915 MARCO ISLAND, FL 33969	Mailing Address P.O. BOX 1915 MARCO ISLAND, FL 33969
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03272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2786912	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAFE HARBOR MANAGEMENT ATTN: JEFFREY WILL 233 N. CALLIER BLVD. MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAIER, JACK 2129 SAN MARCO RD. MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACANTE, BRIAN P.O. BOX 157 GOODLAND, FL 34140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSESSON, HOWARD 500 SANDBULL CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MICHAEL 2131 SAN MARCO RD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACHURA, MARY 112 HEATHER DR. BUTLER, PA 16001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000508369
04/28/06-80003-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jack Maier 4-10-06 (239) 394-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #