


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90053 021 ****70.00

DOCUMENT # N31905 1. Entity Name MARCO SPORTFISHING CLUB, INC.					
Principal Place of Business PO BOX 2104 MARCO ISLAND, FL 34146-104 US			Mailing Address PO BOX 2104 MARCO ISLAND, FL 34146-104 US		
2. Principal Place of Business - No P.O. Box # 1243 TREASURE CT Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State MARCO ISLAND FL			City & State		
Zip 34145		Country US		4. FEI Number 65-0276781	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREUSEL, JAMIE B. 1104 N. COLLIER BLVD MARCO ISLAND, FL 33937				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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		
TITLE P NAME ARCIDIAÇONO, PETER STREET ADDRESS 1243 TREASURE CT CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS NAME DOGGETT, JOE STREET ADDRESS 1264 WHITE HEART AVE CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPT NAME CRANE, ED STREET ADDRESS 357 CADISTRAND CT CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 357 CAPISTRANO CT CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BROWN, ED STREET ADDRESS 1137 BREAKWATER CT CITY-ST-ZIP MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		TITLE NAME DAVE TOTOS STREET ADDRESS 143 PEACH CT CITY-ST-ZIP MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DE NAME SEGAL, ART STREET ADDRESS 276 NAPA RIDGE EAST CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DPR NAME LEVINE, MIKE STREET ADDRESS 331 CAPISTRAND CT CITY-ST-ZIP MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>F.E. CRANE</i></u> 2/10/07 239 393 0415 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					