

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 395846

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** MARCO NAPLES HITCHING POST TRAVEL RESORT, INC.

**Current Principal Place of Business:**

100 BAREFOOT WILLIAMS ROAD  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 BAREFOOT WILLIAMS ROAD  
NAPLES, FL 34113

**New Mailing Address:**

100 BAREFOOT WILLIAMS ROAD  
NAPLES, FL 34113 US

**FEI Number:** 59-1550843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, LINDA  
3209 CARRIAGE CIRCLE  
NAPLES, FL 34105 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MORRIS, LINDA  
**Address:** 3209 CARRIAGE CIRCLE  
**City-St-Zip:** NAPLES, FL 34105

**Title:** S  
**Name:** ELLENBERGER, EDITH  
**Address:** 197 PALMETTO DUNES CIRCLE  
**City-St-Zip:** NAPLES, FL 34113

**Title:** V  
**Name:** ELLENBERGER, JUDITH  
**Address:** 2740 66TH ST SW  
**City-St-Zip:** NAPLES, FL 34105

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LINDA MORRIS

P

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date