

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90012 027 \*\*\*\*61.25

**DOCUMENT # 736696**

1. Entity Name  
**MARATHON JAYCEES, INC.**



Principal Place of Business  
**705-33RD STREET, GULF  
P.O. BOX 500662  
MARATHON, FL 33050-7662**

Mailing Address  
**5800 OVERSEAS HIGHWAY  
SUITE 40  
MARATHON, FL 33050 US**



**DO NOT WRITE IN THIS SPACE**

02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2751200</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GREENMAN, FRANKLIN D.  
5800 OVERSEAS HWY SUITE 40  
MARATHON, FL 33050**

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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	P GONZALEZ, LUIS P.O. BOX 507140 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, BILL 611 101ST STREET OCEAN MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAKE, JOE PO BOX 501819 MARATHON SHORES, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLAYER, SHERRY P.O. BOX 501792 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNHART, JOY P.O. BOX 500662 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Sherry Player*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-13-06* *305 287-6412*  
Date Daytime Phone #