


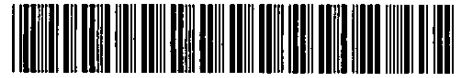
**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90038 044 ****61.25

DOCUMENT # N02000007023	
1. Entity Name FRIENDS OF CAYO COSTA, INC.	

Principal Place of Business 14027 LA COSTA DRIVE FT MYERS FL 33924	Mailing Address P.O. BOX 475 PINELAND FL 33945
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 86-1056504	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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
TRESCOTT, BARBARA M 421 NORWOOD COURT FORT MYERS FL 33919

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: SELLARS, CAROL L STREET ADDRESS: 421 NORWOOD COURT CITY-ST-ZIP: FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: FAUST, PAUL STREET ADDRESS: 26 GRANTWOOD LANE CITY-ST-ZIP: ST LOUIS MO 03123	<input type="checkbox"/> Delete
TITLE: DP NAME: TRESCOTT, DANIEL L STREET ADDRESS: 421 NORWOOD COURT CITY-ST-ZIP: FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE: DVTS NAME: TRESCOTT, BARBARA M STREET ADDRESS: 421 NORWOOD COURT CITY-ST-ZIP: FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE: D NAME: BAGGETT, DENISE STREET ADDRESS: P.O. BOX 852 CITY-ST-ZIP: FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Barbara Matthew Trescott 7/29/08 239 9365652