

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009318

1. Entity Name

MARCAN TIGER PRESERVE, INC.



Principal Place of Business

3007 STATE HWY 81
PONCE DE LEON, FL 32455

Mailing Address

3007 STATE HWY 81
PONCE DE LEON, FL 32455



01162006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1681670

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERCURIO, JOHN J CPA
713 S ORANGE AVE
SARASOTA, FL 34236

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P
NAME	MARCAN, JOSIP DR
STREET ADDRESS	3007 STATE HWY 81
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	D
NAME	BASS, HEATHER
STREET ADDRESS	2076 SETH DR
CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	D
NAME	INKS, MIKE
STREET ADDRESS	3007 STATE HWY 81
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	D
NAME	SPOYLAR, ANDREW
STREET ADDRESS	3007 STATE HWY 81
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/06-80053-022 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:

Josip Marcan (JOSIP MARCAN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.24.06

Date

850-836-4244

Daytime Phone #