2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000009318

1. Entity Name
MARCAN TIGER PRESERVE, INC.

Principal Place of Business	Mailing Address
3007 STATE HWY 81 PONCE DE LEON, FL 32455	3007 STATE HWY 81 PONCE DE LEON, FL 32455

01042007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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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01/11/07-80045-025 61.25

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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 1.9.2007 850-836-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #