2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N04306

1. Entity Name
MARATHON FLYING CLUB, INC.



FILED Feb 15, 2007 08:00 AN Secretary of State

Principal Place of Business

MARATHON AIRPORT 9000 AVIATION BLVD MARATHON, FL_. 33050 US Mailing Address

P.O. BOX 501315 MARATHON, FL 33050

US



02112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, HARRY 1160 BLV. DE PALMAS MARATHON, FL 33050			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						
				Agent signature required when reinstating) DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000637752 02/26/07-80073-017 61.25	
10.	10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HARRY 1160 BLVD DE PALMAS MARATHON, FL 33050 D PINKUS, JEFFREY M 8053 PORPOISE MARATHON, FL 33050 D RAMSAY, RICHARD 1220 122ND ST. OCEAN MARATHON, FL 33050		DO NOT WRITE IN THIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	position that the information and the state of the			stoland in Charter	9. Florida Statu es 1 triffice certify that the information	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I thing certify that the information indicated on this report or supplemental report is true and excurate and that my signature shall have the same legal effect as if made under cettify 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 accuracy in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BIGMATURE AND TYPED OR FIGHTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/57 Date Dayline Phone #