

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90178 025 \*\*\*\*61.25

**DOCUMENT # N05000003951**

1. Entity Name  
**MARCO ISLAND FLYRODDERS, INC.**



40069676



Principal Place of Business  
**460 BATTLESEA CT.  
MARCO ISLAND, FL 34145**

Mailing Address  
**460 BATTLESEA CT.  
MARCO ISLAND, FL 34145**

2. Principal Place of Business  
**90 Copperfield Ct**  
Suite, Apt. #, etc.

3. Mailing Address  
**90 Copperfield Ct**  
Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

City & State  
**Marco Island, FL**

City & State  
**Marco Island, FL**

FEI Number  
**33-1137035**

Applied For  
Not Applicable

Zip  
**34145**

Country  
**USA**

Zip  
**34145**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**GREUSEL, JAMOE B  
1104 N COLLIER BLVD  
MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**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 \_\_\_\_\_  
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

Make check payable to  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWAJA, JOSEPH	
STREET ADDRESS	460 BATTERSEA CT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D <b>President</b>	<input type="checkbox"/> Delete
NAME	PRESTLY, ROBERT	
STREET ADDRESS	90 COPPERFIELD CT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D <b>Treasurer</b>	<input type="checkbox"/> Delete
NAME	COOPER, MICHAEL	
STREET ADDRESS	611 PALM AVE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RON SCHULTE</b>	
STREET ADDRESS	<b>4579 CARDINAL COVE LA</b>	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>	
TITLE	<b>VICE PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAKE BRANATO</b>	
STREET ADDRESS	<b>STONEBRIDGE COUNTRY CLUB</b>	
CITY-ST-ZIP	<b>2405 HARMONY LN.</b>	
TITLE	<b>NAPLES, FL 34146</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Ron Schulte - Secy (Marco Flyrodders)** Date **4/26/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #