
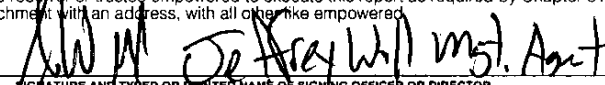


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90258 050 \*\*\*\*61.25

<b>DOCUMENT # N08671</b>					
1. Entity Name ESTUARY OF MARCO, INC.					
Principal Place of Business P.O. BOX 1915 MARCO ISLAND, FL 33969			Mailing Address P.O. BOX 1915 MARCO ISLAND, FL 33969		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAFE HARBOR MANAGEMENT 601 ELKEAM CIR. B-16 MARCO ISLAND, FL 34145				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE		STD <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MAIER, JACK		NAME	
STREET ADDRESS		2129 SAN MARCO RD.		STREET ADDRESS	
CITY-ST-ZIP		MARCO ISLAND, FL		CITY-ST-ZIP	
TITLE		D <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		BACANTE, BRIAN		NAME	
STREET ADDRESS		P.O. BOX 157		STREET ADDRESS	
CITY-ST-ZIP		GOODLAND, FL 34140		CITY-ST-ZIP	
TITLE		D <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		GOSESSON, HOWARD		NAME	
STREET ADDRESS		500 SANDBULL CT		STREET ADDRESS	
CITY-ST-ZIP		MARCO ISLAND, FL 34145		CITY-ST-ZIP	
TITLE		D <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MARTIN, MICHAEL		NAME	
STREET ADDRESS		2131 SAN MARCO RD		STREET ADDRESS	
CITY-ST-ZIP		MARCO ISLAND, FL 34145		CITY-ST-ZIP	
TITLE		PD <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		BACHURA, MARY		NAME	
STREET ADDRESS		112 HEATHER DR.		STREET ADDRESS	
CITY-ST-ZIP		BUTLER, PA 16001		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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.					
<b>SIGNATURE:</b>				4/30/08	239.394.1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #		