2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39729

FILED Jan 24, 2006 Secretary of State

Entity Name: MONROE COUNTY COMMERCIAL FISHERMEN, INC.

Current Principal Place of Business: New Principal Place of Business:

11400 OVERSEAS HWY 87200 OVERSEAS HWY

STE. #103 STE. #B10

MARATHON, FL 33050 ISLAMORADA, FL 33036 US

Current Mailing Address: New Mailing Address:

P. O. BOX 501404

MARATHON, FL 33050 US

FEI Number: 65-0196267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DANIELS, BETSY 7987 SHÁRK DRIVE

MARATHON, FL 33050 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete IRWIN, BRUCE NILES, GEORGE Name: Name:

1546 52ND ST GULF Address: PO BOX 420230 Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: SUMMERLAND KEY, FL 33042 US

Title: STD () Delete Title: (X) Change () Addition

DANIELS, BETSY Name: DANIELS, BETSY Name: Address: 7987 SHARK DRIVE Address: 7987 SHARK DRIVE City-St-Zip: MARATHON, FL City-St-Zip: MARATHON, FL

Title: () Delete Title: VD. (X) Change () Addition PILLAR, BOBBY PILLAR, BOBBY Name: Name:

24863 PARK DR 24863 PARK DR Address: Address:

City-St-Zip: SUMMERLAND KEY, FL 33042 City-St-Zip: SUMMERLAND KEY, FL 33042

(X) Change () Addition Title: Title: VD () Delete

RIFFE, BRYAN Name: Name: GALE, MITCHELL 329 AVACADO AVE 29467 GERALDINE ST Address: Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: BIG PINE KEY, FL 33043

Title: () Delete Title: VD (X) Change () Addition

NILES, GEORGE PITON, ERNEST Name: Name: PO BOX 420230 601 PORTIA CIRCLE Address: Address: SUMMERLAND KEY, FL 33042 City-St-Zip: City-St-Zip: KEY LARGO, FL 33037

Title: () Delete Title: (X) Change () Addition

NILES. WILLIAMS NILES. WILLIAM Name: Name: Address: P O BOX 920122 Address: P O BOX 420122 SUMMERLAND KEY, FL SUMMERLAND KEY, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETSY DANIELS ST 01/24/2006