

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90097 049 \*\*\*\*61.25

**DOCUMENT # N43812**  
 1. Entity Name  
**MARCO PLAYERS, INC.**



Principal Place of Business  
**MARCO PLAYERS THEATRE**  
**MARCO TOWN CENTER**  
**MARCO ISLAND, FL 34145 US**

Mailing Address  
**P.O. BOX 2033**  
**M**  
**MARCO ISLAND, FL 34146 US**

**50048752**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04182005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0320504**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROSS, DONALD K JR**  
**2640 GOLDEN GATE PARKWAY**  
**#206**  
**NAPLES, FL 34105**

7. Name and Address of New Registered Agent  
 Name **JUDITH A. DAYE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1928 SHEFFIELD AVE.**  
 City **MARCO ISLAND** FL Zip Code **34145**

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 **JUDITH A. DAYE** *Judith A. Daye* **4-26-05**  
 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, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	D SHINN, FRED 679 CAMEO CT MARCO, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OXBOROUGH, LOIS 1865 N. BAHAMA AVE MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAYE, JUDY 1928 SHEFFIELD MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SISSABARRO-BLASSNECK, GINA 1109 BOND COURT MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OXBOROUGH, GERALD L 1865 N. BAHAMA AVE MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-T WARD, EILEEN 1142 VERNON PLACE MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORES RON 21 GULF PORT COURT MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEVERLY DAHLSTROM 737 PROVINGTOWN DRIVE NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAT TRAYNOR 1085 BALD EAGLE DR. & E-403 MARCO ISLAND FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Judith A. Daye* **JUDITH A. DAYE, PRESIDENT** **4/26/05** (239) 642-3854  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #