

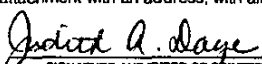


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0320504				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 4-26-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	D SHINN, FRED	<input checked="" type="checkbox"/> Delete	TITLE	D MOORES RON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	679 CAMEO CT		STREET ADDRESS	21 GULF PORT COURT	
CITY-ST-ZIP	MARCO, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OXBOROUGH, LOIS		NAME		
STREET ADDRESS	1865 N. BAHAMA AVE		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	DAYE, JUDY		NAME		
STREET ADDRESS	1928 SHEFFIELD		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISSABARRO-BLASSNECK, GINA		NAME	BEVERLY DAHLSTROM	
STREET ADDRESS	1109 BOND COURT		STREET ADDRESS	737 PROVIDENTOWN DRIVE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OXBOROUGH, GERALD L		NAME	PAT TRAYNOR	
STREET ADDRESS	1865 N. BAHAMA AVE		STREET ADDRESS	1085 BALD EAGLE DR. & E-403	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D-T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, EILEEN		NAME		
STREET ADDRESS	1142 VERNON PLACE		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
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, PRESIDENT 4/26/05 (239) 642-3854					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50048752



04182005 Chg-NP CR2E037 (10/03)