2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N43812

Entity Name: MARCO PLAYERS, INC.

Current Principal Place of Business:

MARCO PLAYERS THEATRE
MARCO TOWN CENTER
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0320504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAHLSTROM, BEVERLY
737 PROVINCE TOWN DRIVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	BLANKMAN, DONNA	
Address:	650 YELLOW BIRD	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	PD	( ) Delete
Name:	DAVE, JUDY	
Address:	1928 SHEFFIELD	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	PD	( ) Delete
Name:	DAHLSTROM, BEVERLY	
Address:	737 PROVINCETOWN DRIVE	
City-St-Zip:	NAPLES, FL 34104	
Title:	DT	( ) Delete
Name:	TRAYNOR, PAT	
Address:	1085 BALD EAGLE DR E403	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	D	( ) Delete
Name:	BLANKMAN, HOWARD	
Address:	650 YELLOW BIRD	
City-St-Zip:	MARCO ISLAND, FL 34145	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: PAT TRAYNOR DT 04/23/2009

Electronic Signature of Signing Officer or Director — Date