


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000003336 1. Entity Name ESTERO BAY MARINE LABORATORY, INC.	
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Principal Place of Business 13910 EAGLE RIDGE LAKES 202 FORT MYERS, FL 33912	Mailing Address 13910 EAGLE RIDGE LAKES 202 FORT MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0679085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MITCHELL -TAPPING, HUGH J PHD 13910-202 EAGLE RIDGE LAKES FORT MYERS, FL 33912

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IN THIS SPACE**

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)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000677146 03/30/07-80093-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL-TAPPING, HUGH J 13910 EAGLE RIDGE LAKES #202 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL-TAPPING, HUGH J PH. D. 113910 EAGLE RIDGE LAKES #202 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MITCHELL-TAPPING, ALETA 13910 EAGLE RIDGE LAKES #202 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNA, FIONA G 13910 EAGLES RIDGE LANES 202 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	15 MAR 2007 <small>Date</small>	239-768-5374 <small>Daytime Phone #</small>
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