

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90185 047 ****61.25

DOCUMENT # N96000004053					
1. Entity Name MARCO MEN'S CLUB, INC.					
Principal Place of Business PO BOX 5035 MARCO ISLAND, FL 34146 US			Mailing Address 1104 N COLLIER BLVD MARCO ISLAND, FL 34145		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0689185	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 33937			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOSE, WAYNE 980 CAPE MARCO DR APT PH 8 MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. TRAEGER, THOMAS 1111 SWALLOW AVE # 302 MARCO ISLAND, FL. 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UHL, WILFRED 201 VINTAGE BAY DRIVE #30 MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSIDY, JOSEPH 530 PEACOCK TERRACE MARCO ISLAND, FL. 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAEGER, THOMAS 1111 SWALLOW AVE #302 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. GERALD MASTERS 316 COLONIAL AVE. MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLEIN, ANTHONY 1081 CKARA CT MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. PATRICK THAWLEY 79 COPPERFIELD CT. MARCO ISLAND, FL. 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURTIS, STU PO BOX 2349 MARCO ISLAND, FL 34146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIP STAVOLA 1051 SWALLOW AVE # 206 MARCO IS. FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSIDY, JOSEPH 530 PEACOCK TERRACE MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL LEVINE 331 CAPISTRANO CT. MARCO ISLAND, FL. 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Phillip Stavola V.P.</i>			1/14/07 239-389-1724		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		