


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90037 031 ****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
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60024944



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0689185	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 GREUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 33937		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAERER, THOMAS 1111 S WALLOW AVE #302 MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CASSIDY, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 530 PEACOCK TERRACE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSIDY, JOSEPH <input checked="" type="checkbox"/> Delete 530 PEACOCK TERRACE MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WAYNE BOOSE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 950 CAPE MARCO DR # PH5 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASTEAS, GERALD <input checked="" type="checkbox"/> Delete 316 COLONIAL AVE MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MASTERS, GERALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THAWLEY, PATRICK <input type="checkbox"/> Delete 79 COPPERFIELD CT MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAVOLA, PHILLIP <input type="checkbox"/> Delete 1051 SWALLOW AVE #206 MARCO ISLAND, FL 34146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, MICHAEL <input type="checkbox"/> Delete 331 CAPISTRANO CT MARCO ISLAND, FL 34145	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 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: Michael A Levine MICHAEL A LEVINE 04/02/08 239.389.0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #