


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90047 045 ***185.00

DOCUMENT # P03000013813					
1. Entity Name CATALINA LAND GROUP, INC.					
Principal Place of Business 3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105		Mailing Address 3785 AIRPORT ROAD NORTH SUITE B-1 NAPLES, FL 34105			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1899404	
				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			7. Name and Address of New Registered Agent		
RYNDERS, DAVID W 2375 N. TAMIAMI TRAIL SUITE 308 NAPLES, FL 34103			Name William L. Hoover		
			Street Address (P.O. Box Number is Not Acceptable) 3785 Airport Road N., Suite B-1		
			City Naples FL Zip Code 34105		
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 <i>Wm Hoover</i>		<i>William L. Hoover</i>		DATE 4-1-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOVER, WILLIAM L	NAME			
STREET ADDRESS	3785 AIRPORT ROAD NORTH, SUITE B-1	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STERK, JEREMY C	NAME			
STREET ADDRESS	3785 AIRPORT ROAD NORTH, SUITE B-1	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOVER, CHARLENE'S	NAME			
STREET ADDRESS	3785 AIRPORT ROAD NORTH, SUITE B-1	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MINOR, GRADY	NAME			
STREET ADDRESS	3785 AIRPORT RD N STE B-1	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 607, 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>Wm Hoover</i>		<i>William L. Hoover</i>		DATE 4-1-05 239-403-8899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



04012005 Chg-P CR2E034 (10/03)