


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90003 001 ***150.00


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 |
|---|---|

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 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

HOOVER, WILLIAM L
 3785 AIRPORT ROAD N.
 SUITE B-1
 NAPLES, FL 34105

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOOVER, WILLIAM L 3785 AIRPORT ROAD NORTH, SUITE B-1 NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STERK, JEREMY C 3785 AIRPORT ROAD NORTH, SUITE B-1 NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD HOOVER, CHARLENE S 3785 AIRPORT ROAD NORTH, SUITE B-1 NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MINOR, GRADY 3785 AIRPORT RD N STE B-1 NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 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: *Wm L Hoover, William L. Hoover, Pres., 1-17-06 239-403-8879*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #