


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90426 028 ***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

40089947

2. Principal Place of Business - No P.O. Box #: 3775 Airport Rd. N., Suite B
 3. Mailing Address: 3775 Airport Rd. N., Suite B

City & State: Naples Florida
 Zip: 34105
 Country: USA

04092007 Chg-P CR2E034 (12/06)
 4. FEI Number: 14-1899404
 Applied For: Not Applicable

6. Name and Address of Current Registered Agent
 HOOVER, WILLIAM L
 3785 AIRPORT ROAD N.
 SUITE B-1
 NAPLES, FL 34105

7. Name and Address of New Registered Agent
 Name: Hoover, William L
 Street Address (P.O. Box Number is Not Acceptable): 3775 Airport Rd. N. Ste B
 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: *William L Hoover* William L Hoover, Pres. 4-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOVER, WILLIAM L	
STREET ADDRESS	3785 AIRPORT ROAD NORTH, SUITE B-1	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STERK, JEREMY C	
STREET ADDRESS	3785 AIRPORT ROAD NORTH, SUITE B-1	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOOVER, CHARLENE S	
STREET ADDRESS	3785 AIRPORT ROAD NORTH, SUITE B-1	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MINOR, GRADY	
STREET ADDRESS	3785 AIRPORT RD N STE B-1	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoover, William L	
STREET ADDRESS	3775 Airport Rd. N. Ste B	
CITY-ST-ZIP	Naples FL 34105	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sterk, Jeremy C	
STREET ADDRESS	3775 Airport Rd. N. Ste B	
CITY-ST-ZIP	Naples FL 34105	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoover Charlene S	
STREET ADDRESS	3775 Airport Rd. N. Ste B	
CITY-ST-ZIP	Naples FL 34105	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Minor, Grady	
STREET ADDRESS	3775 Airport Rd N. Ste B	
CITY-ST-ZIP	Naples, FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William L Hoover* William L Hoover, Pres. 4-27-07 239-403-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #