

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90426 028 \*\*\*150.00

<b>DOCUMENT # P03000013813</b> 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 - No P.O. Box # 3775 Airport Rd N Suite, Apt. #, etc. Suite B		3. Mailing Address 3775 Airport Rd N Suite, Apt. #, etc. Suite B		40089947 	
City & State Naples Florida		City & State Naples Florida		4. FEI Number 14-1899404	
Zip 34105		Country USA		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				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: <u>William L Hoover, Pres.</u> DATE: <u>4-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			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 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	PD Hoover, William L 3775 Airport Rd. N. Ste B 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	VD Sterk, Jeremy C 3775 Airport Rd. N. Ste B 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	STD Hoover Charlene S 3775 Airport Rd. N. Ste B 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	VD Minor, Grady 3775 Airport Rd N. Ste B Naples, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <u>William L Hoover, Pres.</u> DATE: <u>4-27-07</u> 239-403-8899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					