


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000036336</b> 1. Entity Name COCO HATCHEE RIVER MARINA, INC.	
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Principal Place of Business 13535 VANDERBILT DR NAPLES, FL 34110 US	Mailing Address 13535 VANDERBILT DR NAPLES, FL 34110 US
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**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3440326	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

HARVEY, PAUL  
13535 VANDERBILT DR  
NAPLES, FL 34110

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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 \_\_\_\_\_

<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"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, PAUL 13535 VANDERBILT DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BDGF TRUST 13535 VANDERBILT DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARVEY, MONICA 13535 VANDERBILT DR NAPLES, FL 34110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000620293  
02/09/07-80031-009 150.00

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IN THIS SPACE**

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:** Monica Harvey **MONICA HARVEY** 1/31/07 (239) 566-2611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #