


2004- FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90302 038 ***150.00

DOCUMENT # P93000019371	
1. Entity Name ANTARES GOLF RESORT, INC.	

Principal Place of Business 12830 SHADY HILLS SPRING HILL FL 34610 US	Mailing Address 12830 SHADY HILLS SPRING HILL FL 34610 US
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2. Principal Place of Business #16850 CHICKADEE ct	3. Mailing Address #16850 CHICKADEE ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State SPRING Hill FLA	City & State SPRING Hill FLA
Zip 34610	Zip 34610
Country PASCO	Country PASCO

4. FEI Number 59-3183786	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEHRDAD, DARVISH 12830 SHADY HILLS RD SPRING HILL FL 34610	
7. Name and Address of New Registered Agent Name JURG STUTZ Street Address (P.O. Box Number is Not Acceptable) #16850 CHICKADEE COURT City SPRING Hill FL Zip Code 34610	

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  DATE **April 5, 2004**
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MEHRDAD, DARVISH 12830 SHADY HILLS RD SPRING HILL FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JURG STUTZ 16850 CHICKADEE COURT SPRING Hill FL 34610 <input checked="" 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
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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 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:  DATE **April 5, 2004** (813) 996-7038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #