

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90649 008 \*\*\*150.00

**DOCUMENT # 173712**

1. Entity Name

PERRY GOLF AND COUNTRY CLUB INC THE



Principal Place of Business

Mailing Address

GOLF COURSE ROAD  
P.O. BOX 908  
PERRY FL 32347

GOLF COURSE ROAD  
P.O. BOX 908  
PERRY FL 32347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
32348

Country

Zip  
32348

Country



MOORE

CR2E034 (11/03)

4. FEI Number  
59-0777965

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, DONALD  
100 PINE TREE ROAD  
PERRY FL 32347

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME CALHOUN, BILL ☒ Delete  
STREET ADDRESS 3715 HARRISON BLUE ROAD  
CITY-ST-ZIP PERRY FL 32347

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME DOUG EVERETT  
STREET ADDRESS 110 RIDGE RD  
CITY-ST-ZIP PERRY FLA 32347

TITLE P ☒ Delete  
NAME GREEN, BILL  
STREET ADDRESS 208 PINELAND STREET  
CITY-ST-ZIP PERRY FL 32347

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME MICHAEL LYNN  
STREET ADDRESS 414 WORLEY WAY  
CITY-ST-ZIP PERRY FLA 32347

TITLE S ☐ Delete  
NAME MOORE, CLINE  
STREET ADDRESS 214 N CALHOUN STREET  
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME DYAL, PAUL  
STREET ADDRESS 418 N WASHINGTON STREET  
CITY-ST-ZIP PERRY FL 32347

TITLE ☒ Change ☐ Addition  
NAME ~~BILLY GRANT~~ BILLY GRANT  
STREET ADDRESS 206 PINELAND ST  
CITY-ST-ZIP PERRY FLA 32347

TITLE D ☐ Delete  
NAME HICKS, TYSON  
STREET ADDRESS 405 W GREEN STREET  
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #