2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State
01-11-2007 90058 037 ***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 32348	GOLF COURSE ROAD P.O. BOX 908 PERRY, FL 32348

01052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
WETHERINGTON, TROY 706 PUCKETT ROAD PERRY, FL 32348	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREEN, BILL 208 EAST PINELAND STREET PERRY, FL 32348	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LYNN, MICHAEL 414 WORLEG WAY PERRY, FL 32347	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RAY VEAL 103 Pine Tree Rd. Perry, Fl 32348	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOORE, CLINE 214 N CALHOUN STREET PERRY, FL 32347	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Declan Pillow 116 Airport Dr. Perry, Fl. 32348	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRANT, BILLY 206 PINELAND ST PERRY, FL 32347	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKS, TYSON 405 W GREEN STREET PERRY, FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Tyson Hicks 405 W Green St. Perry, Fl 32348	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, LEM 20876 MARINER DRIVE PERRY, FL 32348	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Carr 4638 W Fellowship Rd. Perry, Fl 32347	☐ Change ☒ 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 _____ 1-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #