


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 294241		
1. Entity Name SEMINOLE LAKE GOLF COURSE INC		

FILED
07 JUN -5 PM 2: 09
STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6100 AUGUSTA BLVD SEMINOLE, FL 33777-4720	Mailing Address 6100 AUGUSTA BLVD SEMINOLE, FL 33777-4720
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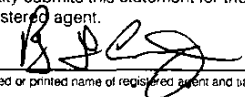
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



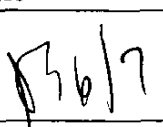
05222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1100305		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CUNNINGHAM, WILLIAM W. 11565 E. GULF TO LAKE HWY INVERNESS, FL 34450		7. Name and Address of New Registered Agent Name ROY F. CUNNINGHAM Street Address (P.O. Box Number is Not Acceptable) 332 N. MCGOWAN AVENUE City CRYSTAL RIVER, FL Zip Code 34429

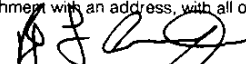
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Roy F. Cunningham
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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	CD DAVIS, MAXIE 100 QUINWOOD DRIVE JACKSON, TN 38305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, MAXIE 100 QUINWOOD DRIVE JACKSON, TN 38305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CUNNINGHAM, ROY F 332 N MCGOWAN AVENUE CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900104255869 06/12/07--01014--004 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, WILLIAM W 11565 EAST GULF TO LAKE HIGHWAY INVERNESS, FL 34450 <input checked="" 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	D CUNNINGHAM, NANCY B. 11565 EAST GULF TO LAKE HIGHWAY INVERNESS, FL 34450 <input type="checkbox"/> Change <input checked="" 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
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roy F. Cunningham, Secretary/Treasurer
Date Daytime Phone #