


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 534241 1. Entity Name JUNGLE GOLF OF FORT MYERS, INC.	
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Principal Place of Business SAN CARLOS BLVD FT MYERS BCH, FL 33931 US	Mailing Address 1064 SEA MOUNTAIN HWY NORTH MYRTLE BEACH, SC 29582
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1743477	Applied For 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 LEE, SCOTT W 241 E RUBY AVE SUITE D KISSIMMEE, FL 34741

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

U000000874964
04/11/08-80013-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, MARVIE J 126 NORTHGATE ROAD - BRIARCLIFFE MYRTLE BEACH, SC 29572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TIRRELL, ELVIN D ROUTE 3 GILIVANTS FERRY, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERRELL, THOMAS A JR. 104 HOLLY LANE MYRTLE BEACH, SC 29572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SCOTT W 2261 MAIN SAIL COVE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3-11-08 ✓

Date

Daytime Phone #