

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90165 035 \*\*\*150.00

<b>DOCUMENT # 586689</b> 1. Entity Name <b>JENNINGS RESORT, INC.</b>			
Principal Place of Business 3600 JENNINGS RD LAKE WALES, FL 33853		Mailing Address 3600 JENNINGS RD LAKE WALES, FL 33853	
2. Principal Place of Business <b>4325 Jennings Fish Camp Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4325 Jennings Fish Camp Rd.</b> Suite, Apt. #, etc.	
City & State <b>Lake Wales</b>		City & State <b>Lake Wales</b>	
Zip <b>33898</b>	Country <b>FL</b>	Zip <b>33898</b>	Country <b>FL</b>
4. FEI Number <b>59-1851569</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JENNINGS, THOMAS E.</b> <b>TWO EAST LAKE HOWARD DRIVE</b> <b>WINTER HAVEN, FLORIDA DMC, FL 33881-0153</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD JENNINGS, ROBBYE 3600 JENNINGS RD LAKE WALES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4325 Jennings Fish Camp Rd.</b> <b>Lake Wales, FL 33898</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENNINGS, THOMAS E. 2 E. LAKE HOWARD DR. WINTER HAVEN, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENNINGS, JR., GEORGE D. 515 SUWANEE CIR TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 39</b> <b>LAKE HAMILTON FL. 33851</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEASLEY, MARGARET J. 1380 LUCERNE LOOP RD NE WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, ELIZABETH J. 3033 BECKUM ROAD DADE CITY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9037 Jan mar Rd</b> <b>DADE CITY, FL. 33525</b>
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		02-25-05 863-294-3568	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	