

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90029 045 ***150.00

DOCUMENT # 828679 1. Entity Name WADSWORTH GOLF CONSTRUCTION COMPANY OF THE SOUTHEAST			
Principal Place of Business 200 FOREST LAKES BLVD PO BOX 388 OLDSMAR, FL 34677		Mailing Address 200 FOREST LAKES BLVD PO BOX 388 OLDSMAR, FL 34677	
2. Principal Place of Business 200 Forest Lakes Blvd		3. Mailing Address 200 Forest Lakes Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oldsmar, FL		City & State Oldsmar, FL	
Zip 34677	Country USA	Zip 34677	Country USA
6. Name and Address of Current Registered Agent HILL, LEWIS H FOLEY & LARDNER & HILL ONE TAMPA CITY CENTER-SUITE 2900 TAMPA, FL 33601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number 59-1381059	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SHAPLAND, JON 200 FOREST LAKES BLVD OLDSMAR, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARRELL, STEPHEN 600 N 195TH AVE BUCKEYE, AZ 85326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARBAUER, EDWARD 200 FOREST LAKES BLVD OLDSMAR, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANNON, JAMES 1901 VAN DYKE RD. PLAINFIELD, IL 60544	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTER, JOHN 1901 VAN DYKE RD PLAINFIELD, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTER, JOHN 1901 VAN DYKE RD PLAINFIELD, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTER, JOHN 1901 VAN DYKE RD PLAINFIELD, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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		James J. Bannon	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
1/16/06		815-436-8400	
Daytime Phone #			