

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000000629

1. Entity Name
GOLF VENTURES, INC.



Principal Place of Business
**2101 E EDGEWOOD DR
LAKELAND, FL 33811 US**

Mailing Address
**8390 CHAMPIONGATE BLVD.
STE. 200
CHAMPIONSGATE, FL 33896**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3489575

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ROSENSTEIN, ARNOLD COB
STREET ADDRESS	335 N MAPLE DRIVE, STE. 366
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	D
NAME	KOENIGSBERGER, RICK
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FL
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	PCEO
NAME	JACKSON, RON E
STREET ADDRESS	8390 CHAMPIONSGATE BLVD, STE. 200
CITY-ST-ZIP	CHAMPIONSGATE, FL 33896
TITLE	CFOS
NAME	SELLERS, CALVIN C III
STREET ADDRESS	8390 CHAMPIONSGATE BLVD, STE. 200
CITY-ST-ZIP	CHAMPIONSGATE, FL 33896
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Calvin C. Sellers III

Calvin C. Sellers III

1/11/05

(407)589-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #