

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000629

Entity Name: GOLF VENTURES, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

5101 GATEWAY BLVD.  
SUITE 18  
LAKELAND, FL 33811 US

## New Principal Place of Business:

## Current Mailing Address:

8390 CHAMPIONGATE BLVD.  
STE. 200  
CHAMPIONSGATE, FL 33896

## New Mailing Address:

FEI Number: 59-3489575      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: ROSENSTEIN, ARNOLD COB  
Address: 335 N MAPLE DRIVE, STE. 366  
City-St-Zip: BEVERLY HILLS, CA 90210

Title: PCEO ( ) Delete  
Name: JACKSON, RON E  
Address: 8390 CHAMPIONSGATE BLVD, STE. 200  
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: CFOS ( ) Delete  
Name: SELLERS, CALVIN C III  
Address: 8390 CHAMPIONSGATE BLVD, STE. 200  
City-St-Zip: CHAMPIONSGATE, FL 33896

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN C. SELLERS, III

CFO

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date