


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90169 022 ***150.00

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| DOCUMENT # G47804 |  |
| 1. Entity Name DELAND COUNTRY CLUB, INC. | |

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| Principal Place of Business 2289 COUNTRY CLUB DR DELAND, FL 32724 US | Mailing Address 2289 COUNTRY CLUB DRIVE DELAND, FL 32724 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01052006 Chg-P CR2E034 (11/05)

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| 6. Name and Address of Current Registered Agent MCNULLA, JAMES 983 TORCHWOOD DR. DELAND, FL 32724 | |
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| 7. Name and Address of New Registered Agent | |
| Name | Alexander, William |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 305 Stratford Dr. | |
| City | DeLand |
| State | FL |
| Zip Code | 32724 |

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 *Bill E. Alexander* DATE 1/06/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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 | P MCNULLA, JAMES 983 TORCHWOOD DR DELAND, FL 32724 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Alexander, William 305 Stratford Dr. DeLand, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ALEXANDER, WILLIAM 305 STRATFORD DRIVE DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Nye, Glenn 228-C New York Ave. DeLand, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS LINDENBERG, RICHARD 484 BLACK IRONWOOD DR DELAND, FL 32724 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Hughes, James 623 E. Plymouth Ave. DeLand, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, DONALD 1870 RIO CT DELTONA, FL 32738 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Courtheyn, Doreen 483 Princewood Dr. DeLand, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BASSO, RICHARD 1026 LAKE HELEN OSTEEN RD LAKE HELEN, FL 32744 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COURTHEYN, DOREEN 483 PRINEWOOD DR DELAND, FL 32724 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D McNulla, James 983 Torchwood Dr. DeLand, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Bill E. Alexander