2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY ST ZIP

SIGNATURE:

FILED Apr 29, 2004 08:00 AM

Daylane Phone #

	ANNUAL		Secretary of State				
1. Entity Nam	MENT # H62239 EE GOLF CLUB, INC.				Seci	etai y	of State
Principal Plac 3103 FLORIE KISSIMMEE,	DA COACH DRIVE	Mailing Address 210 E. MONUMENT AVE. STE.A KISSIMMEE, FL 34741 US					
DO NOT WRITE IN THIS SPA			CE	03302004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-2560388 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
210 E MOI STE A	6. Name and Address of Current F THERESA NUMENT AVE	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for ions of registered agent. Signature typed or printed name of registered agent and the statement of th	ed Agent signature requirer	when reinstating)		rida I am far DATE	_	
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				led to Fees			
10.	OFFICERS AND D	IRECTORS	T	<u>.</u>			
TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS	PD CREIGHTON, DAVID T. 16113 E. COURSE DRIVE TAMPA, FL				UNNANN 04/23/ 04- 8	38846 0096-01	5 150.00
CITY ST ZIP IITLE NAME STREET ADDRESS CITY ST ZIP ITTLE NAME STREET ADDRESS CITY ST ZIP TITLE			- - - - - -		NOT W THIS SF		,
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i). Florida Statutes 1 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 a second control of the corporation of 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 a second control of the corporation of 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.

SIGNING OFFICEH OR DIRECTOR