

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State



DOCUMENT # J09952
 1. Entity Name
HIDDEN LAGOON SUPER GOLF, INC.

Principal Place of Business
**14414 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413**

Mailing Address
**PO BOX 18169
 PANAMA CITY BEACH, FL 32417-8169 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04252005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2707491

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARPENTER, ELSIE S
 14414 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32413**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	CARPENTER, ELSIE	14414 FRONT BEACH RD	PANAMA CITY BCH., FL	<input type="checkbox"/>
P	TAYLOR, PATSY C.	1 RAY CT	COLUMBUS, GA	<input type="checkbox"/>
V	ROBERTS, JUDY C.	3118 BELLANCA ST	COLUMBUS, GA	<input type="checkbox"/>
S	SEARCY, CHERYL C	190-WHISPERING HILLS ROAD	MONTICELLO, FL 32344	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 04/28/05-80039-017 158.75

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: Elsie S. Carpenter - Treas. 4-27-05 850-234-8097
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Elsie S. Carpenter