

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2707491

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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	T	<input type="checkbox"/> Delete
NAME	CARPENTER, ELSIE	
STREET ADDRESS	14414 FRONT BEACH RD	
CITY-ST-ZIP	PANAMA CITY BCH., FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, PATSY C.	
STREET ADDRESS	1 RAY CT	
CITY-ST-ZIP	COLUMBUS, GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, JUDY C.	
STREET ADDRESS	3118 BELLANCA ST	
CITY-ST-ZIP	COLUMBUS, GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEARCY, CHERYL C	
STREET ADDRESS	190-WHISPERING HILLS ROAD	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

Date

850-234-8097

Daytime Phone #

Elsie S. Carpenter