


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # J09952 1. Entity Name HIDDEN LAGOON SUPER GOLF, INC.	
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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
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04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2707491	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARPENTER, ELSIE 14414 FRONT BEACH RD PANAMA CITY BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, PATSY C. 1 RAY CT COLUMBUS, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBERTS, JUDY C. 3118 BELLANCA ST COLUMBUS, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEARCY, CHERYL C 190-WHISPERING HILLS ROAD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UDD000535041  
 05/08/06-80037-005 158.75

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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: Elsie S. Carpenter - Elsie S. Carpenter 4-24-06 850-233-1825 <sup>234-9289</sup>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #