


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90042 037 \*\*\*150.00

**DOCUMENT # J56893**

1. Entity Name  
**LAKE COUNTRY GOLF, INC.**



Principal Place of Business      Mailing Address

135 SUN'N LAKE BLVD      135 SUN 'N LAKE BLVD  
 LAKE PLACID, FL 33852 US      LAKE PLACID, FL 33852 US

**DO NOT WRITE IN THIS SPACE**



01202005      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>59-2770977</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, HAYWARD H**  
 107 INTERLAKE BLVD.  
 LAKE PLACID, FL 33852

**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 \_\_\_\_\_

**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	P LAROSE, ROBERT 305 SUN 'N LAKE BLVD LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PHILLIPS, W.T. III 109 GOLDVIEW DRIVE LAKE PLACID, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Valerie Larose **VALERIE LAROSE (OWNER)**      1-28-05      863 465-5303

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