


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90110 021 ***150.00

DOCUMENT # J56893
 1. Entity Name
 LAKE COUNTRY GOLF, INC.



Principal Place of Business *209 US 27 So* Mailing Address *209 US 27 So*
~~135 SUN 'N LAKE BLVD~~
 LAKE PLACID, FL 33852 US ~~135 SUN 'N LAKE BLVD~~
 LAKE PLACID, FL 33852 US

DO NOT WRITE IN THIS SPACE

4002500



01162006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent
 DAVIS, HAYWARD H
 107 INTERLAKE BLVD.
 LAKE PLACID, FL 33852

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: *Francis A. Cally SA (POA)* 2/28/06 863-465-6473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #