


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J56893**


1. Entity Name  
 LAKE COUNTRY GOLF, INC.



Principal Place of Business      Mailing Address

209 US 27 SOUTH      209 US 27 SOUTH  
 LAKE PLACID, FL 33852 US      LAKE PLACID, FL 33852 US

**DO NOT WRITE IN THIS SPACE**



04162008    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

**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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

UD00000306026  
 05/02/08-80005-025 150.00

**DO NOT WRITE IN THIS SPACE**

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: Robert LaRose      Robert LaRose      4-16-08

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