

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56893

FILED
Apr 17, 2009
Secretary of State

Entity Name: LAKE COUNTRY GOLF, INC.

Current Principal Place of Business:

209 US 27 SOUTH
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

209 US 27 SOUTH
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-2770977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAROSE, ROBERT
Address: 305 SUN 'N LAKE BLVD
City-St-Zip: LAKE PLACID, FL

Title: ST () Delete
Name: PHILLIPS, W.T. III
Address: 109 GOLDVIEW DRIVE
City-St-Zip: LAKE PLACID, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LAROSE

P

04/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date