

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L35229

1. Entity Name

GOLF COURSE RESORTS, INC.



Principal Place of Business

**C/O E. EDWARD HOLLOWAY, JR.
2925 SANLAN RANCH DR.
LAKELAND, FL 33813**

Mailing Address

**C/O E. EDWARD HOLLOWAY, JR.
2925 SANLAN RANCH DR.
LAKELAND, FL 33813**



04102006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2979118

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLLOWAY, EDWARD, JR.
2925 SANLAN RANCH DR.
LAKELAND, FL 33813**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000506881
04/27/06-80041-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLLOWAY, E. EDWARD, JR.
STREET ADDRESS 2925 SANLAN RANCH DR.
CITY-ST-ZIP LAKELAND, FL

TITLE ST
NAME HOLLOWAY, MARY ANN
STREET ADDRESS 2925 SANLAN RANCH DR.
CITY-ST-ZIP LAKELAND, FL

TITLE VP
NAME HOLLOWAY, DAVID W
STREET ADDRESS 2925 SANLAN RANCH DR
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D
NAME HOLLOWAY, LINDA A
STREET ADDRESS 2925 SANLAN RANCH DR
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: E. Edward Holloway, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 863-665-1601
Date Daytime Phone #