

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L35229

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** GOLF COURSE RESORTS, INC.

**Current Principal Place of Business:**

C/O E. EDWARD HOLLOWAY, JR.  
2925 SANLAN RANCH DR.  
LAKELAND, FL 33812

**New Principal Place of Business:**

**Current Mailing Address:**

C/O E. EDWARD HOLLOWAY, JR.  
2925 SANLAN RANCH DR.  
LAKELAND, FL 33812

**New Mailing Address:**

**FEI Number:** 59-2979118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLOWAY, EDWARD, JR.  
2925 SANLAN RANCH DR.  
LAKELAND, FL 33812 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOLLOWAY, E. EDWARD, JR.  
Address: 2925 SANLAN RANCH DR.  
City-St-Zip: LAKELAND, FL 33812

Title: ST  
Name: HOLLOWAY, MARY ANN  
Address: 2925 SANLAN RANCH DR.  
City-St-Zip: LAKELAND, FL 33812

Title: VP  
Name: HOLLOWAY, DAVID W  
Address: 2925 SANLAN RANCH DR.  
City-St-Zip: LAKELAND, FL 33812

Title: D  
Name: HOLLOWAY, LINDA A  
Address: 2925 SANLAN RANCH DR.  
City-St-Zip: LAKELAND, FL 33812

I hereby 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 all other like empowered.

SIGNATURE: E. EDWARD HOLLOWAY, JR.

PD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date