

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M92829

FILED
Apr 05, 2005
Secretary of State

Entity Name: THE GOLF GARDEN OF DESTIN, INC.

Current Principal Place of Business:

12958 US HWY 98 W
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

12958 US HWY 98 W
DESTIN, FL 32550 US

New Mailing Address:

FEI Number: 59-2929292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALTZ, MARK
949 BAMBI DRIVE
DESTIN, FL 32541 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: VD () Delete
Name: WHITMIRE, WARREN T.,
Address: 3 LONGWOOD DRIVE
City-St-Zip: SHALIMAR, FL 32579 US

Title: PD () Delete
Name: KALTZ, MARK,
Address: 949 BAMBI DR.
City-St-Zip: DESTIN, FL 32541 US

Title: SD () Delete
Name: KELLER, W. ROBERT
Address: 1459 OAKMONT PL
City-St-Zip: NICEVILLE, FL 32578 US

Title: D () Delete
Name: LUTTRELL, JAMES
Address: 817 KELLAIRE DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: TD () Delete
Name: NALTY, FRANK JR.
Address: BOX 1266 N/A
City-St-Zip: BREWTON, AL 36427 US

Title: D () Delete
Name: PATTY, WILLIAM P
Address: 540 PARK COURT
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: MARK KALTZ

PD

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date