2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P00000001739

Entity Name: TROON DEVELOPMENT CORPORATION

Current Principal Place of Business:

40001 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

40001 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3627950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTHEWS, DANA C
607 HIGHWAY 98 EAST
DESTIN, FL 32301 US

Name and Address of New Registered Agent:

MATTHEWS, DANA C
4475 LEGENDARY DR.
BOX 40
DESTIN, FL 32301 US

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: 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADKINSON, MIKE
Address: 502 GREEN WAY COVE
City-St-Zip: NICEVILLE, FL 32578

Title: VPS ( ) Delete
Name: ADKINSON, CHAD
Address: 814 SITE CIR
City-St-Zip: FREEPORT, FL 32439

Title: VPT ( ) Delete
Name: ADKINSON, WAYNE
Address: 29874 US HWY 331 S
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ADKINSON, MIKE
Address: 502 GREEN WAY COVE
City-St-Zip: NICEVILLE, FL 32578

Title: VPS (X) Change ( ) Addition
Name: ADKINSON, CHAD
Address: 90 SPIRES LANE UNIT 11B
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: MIKE ADKINSON P 04/30/2004
Electronic Signature of Signing Officer or Director — Date