2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 8:00 am DOCUMENT # P00000040915 **Secretary of State** 1. Entity Name 02-20-2006 90046 020 ***150.00 OLD HICKORY GOLF, INC. Principal Place of Business 8798 MAP LEWOOD ROAD LARGO FS 33777 WOOD ROAD 33777 2. Principal Place of Business ROYAL CR2E034 (10/05) 1st MOORE Applied For Cjty & State City & State 4. FEI Number 59-3637813 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOGSDON, WILLIAM L SR - 8798 MAPLEWOOD ROAD LARGO FL 33777. Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE ☐ Addition LOGSDON, WILLIAM L SR NAME 1 ROYAL Palm CIRcle Largo, FL 33778 STREET ADDRESS STREET ADDRESS 8798 MAPLEWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 TITLE Defete TITLE ☐ Addition NAME LOGSDON, MARY P NAME STREET ADDRESS STREET ADDRESS 8798 MAPLEWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 Delete ■ Addition THILE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

MARY P.LOGSDON

if changed, or on an attachment with an ac

SIGNATURE

FILED