

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90039 004 ***150.00

DOCUMENT # P00000105277

1. Entity Name
MILLENNIUM GOLF MANAGEMENT, INC.



Principal Place of Business

**8111 SEVEN MILE DR
PONTE VEDRA BEACH, FL 32082**

Mailing Address

**226-5 SOLANA RD
PMB #165
PONTE VEDRA BEACH, FL 32082**

50032097

2. Principal Place of Business

8041 WHISPER LAKE LANE W

3. Mailing Address

Suite, Apt. #, etc.

03222005

Chg-P

CR2E034 (10/03)

City & State

PONTE VEDRA BEACH FL

City & State

4. FEI Number

59-3680986

Applied For

Not Applicable

Zip
32082

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCQUAIG, DAVID H
4745 SUTTON PARK COURT, STE 103
JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CDPV
LICKLITER, FRANK R II
226-5 SOLANA RD. PMB 165
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AS
MCQUAIG, DAVID H
4745 SUTTON PARK COURT, STE 103
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AT
OWEN, DIANE L
226-5 SOLANA RD. PMB 165
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David H. McQuaig
David H. McQuaig

3/28/05