

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000075487

1. Entity Name
GOLF ETC. OF LAKE CITY, INC.



Principal Place of Business
**2109 W. US HWY 90, STE 155
LAKE CITY, FL 32055**

Mailing Address
**2109 W. US HWY 90, STE 155
LAKE CITY, FL 32055**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3742903

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILBREATH, JAMES M
2109 W. US HWY 90 STE. 155
LAKE CITY, FL 32055**

**DO NOT WRITE
IN THIS SPACE**

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 Jimmy D. Gilbreath, President Jimmy D. Gilbreath 1-22-04
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILBREATH, JAMES M
STREET ADDRESS	RT 10 BOX 324
CITY - ST - ZIP	LAKE CITY, FL 32025
TITLE	D
NAME	GILBREATH, JIMMY D
STREET ADDRESS	RT 2 BOX 235-D
CITY - ST - ZIP	WELLBORN, FL 32094
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/30/04-80043-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jimmy D. Gilbreath President 1-29-04 386-752-4455
Signature and typed or printed name of signing officer or director Date Daytime Phone

Jimmy D. Gilbreath