


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # P02000 0092686		
1. Entity Name WORLD GOLF VILLAGE ENTERTAINMENT, INC.		
Principal Place of Business ONE WORLD GOLF PLACE ST. AUGUSTINE, FL 32092	Mailing Address ONE WORLD GOLF PLACE ST. AUGUSTINE, FL 32092	



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2375757	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATTER, HELEN S
ONE WORLD GOLF PLACE
ST. AUGUSTINE, FL 32092

**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 _____

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, 2008 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	PD PETER, JOHN E ONE WORLD GOLF PLACE SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LAHTI, BRUCE M ONE WORLD PLACE SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD ATTER, HELEN ONE WORLD GOLF PLACE SAINT AUGUSTINE, FL 32092
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03/06/08-80046-027 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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

2/22/08

(904) 940-4000

Date Daytime Phone #