


FILED  
Jun 10, 2008 8:00 am  
Secretary of State

05-01-2008 90220 014 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P05000066341			
1. Entity Name BOWLING GREEN COUNTRY CLUB, INC.			
Principal Place of Business 245 HWY 17 NORTH BOWLING GREEN, FL 33834 US		Mailing Address 245 HWY 17 NORTH BOWLING GREEN, FL 33834 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 20-2930679 Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRISSOM, SHEILA A 245 HWY 17 NORTH BOWLING GREEN, FL 33834		7. Name and Address of New Registered Agent Name <u>Reva Y. Valentine</u> Street Address (P.O. Box Number is Not Acceptable) <u>829-D N. Lanier Ave</u> City <u>Ft. Meade</u> FL Zip Code <u>33841</u>	
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 <u>Reva Y. Valentine</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRISSOM, SHEILA A 245 HWY 17 NORTH BOWLING GREEN, FL 33834 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, A, S, T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRISSOM, ELMER GENE 245 HWY 17 NORTH BOWLING GREEN, FL 33834 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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 <u>Sheila A. Grissom</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/29/08</u> (863) 375-9988 Daytime Phone #	