## FILED Jun 10, 2008 8:00 am Secretary of State 05-01-2008 90220 014 \*\*\*150.00

5.

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P05000066341  1. Entity Name BOWLING GREEN COUNTRY CLUB, INC.								· · ·	-2008 902	20 014	130.00									
Principal Place of Business 245 HWY 17 NORTH BOWLING GREEN, FL 33834 US			Mailing Address 245 HWY 17 N BOWLING GRE	us .	· . ´	660	) 13836 R 144 144 144 144	! OTEN ERITE ETISA !		1111: J1 (41)										
2. Principal Place of Business - No P.O. Box #			3. Mailing Addre	3. Mailing Address																
Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			03212008 Chg-P CR2E034 (12/06)													
City & State			City & State	City & State			4. FEI Number Applied For 20-2930679 Not Applied be													
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desir		sd S8.75 Additional Fee Required												
	6. Name	and Address of Curre	nt Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent													
GRISSOM, SHEILA A 245 HWY 17 NORTH						Street Address (P.O. Bex Number is Not Acceptable)														
BOWLING																				
	•						829- U. M. Lanier				HV 5									
8. The above	named entir	ly submits this statement		egister	ed agent, or bo	oth, in the State o	Florida. Lam	tamiliar with	80d accept											
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 priviled name of regestigation agent and total a applicable (NOTE: Registered Agent expressive required when reinstating)  DATE											<del></del>									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										<u> </u>										
10.	· · ·	OFFICERS AN	D DIRECTORS	11.		_		/CHANGES TO	OFFICERS AND		SIN 11									
TITLE	D GRISSON	M. SHEILA A	. 🗆 🗅 🗅	elete ITILI NAM		41, 4	0,5,T.			Change	☐ Addition									
STREET ADDRESS CITY-S1-2P	1	17 NORTH			ET ADORESS															
TIPLE	D	3 GREEN, FL 33834	<b>Æ</b> (oe		- ST - ZIP	—				☐ Change	Addition									
NAME STREET ADDRESS	1	M, ELMER GENE		HW	E ET ADDRESS															
CITY-ST-ZIP	ı .	17 NORTH 3 GREEN, FL 33834		_	-ST-ZP															
TITLE							Change	Addition												
STREET ADDRESS					ET ADDRESS															
CITY-ST-ZIP	ļ				-S1-20P					Change	☐ Addition									
NAME			- C4	NAM	1					□ <b>~~</b> ••										
STREET ADDRESS CITY-ST-ZP					ET ADORESS - ST-ZIP															
TITLE			☐ De						•	☐ Change	Addition									
STREET ADDRESS	l				ET ADDRESS															
CITY-ST-ZIP					-SI-ZIP					☐ Change	☐ Addition									
RAME			□De	КИЛ	E															
STREET ADDRESS CITY-S1-ZIP					ET ADORESS -S1-ZIP															
12. I hereby certify that the information supplied with this filling 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 cettly that I am an officer or director of the corporation or the receiver or frustee 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.																				
SIGNAT	URE:	SIGNATURE AND TYPED O	A PRINTED MAKE OF BIGHISH	O OFFICER OR ORECT	OR			- 1 0 8	(863)	SIGNATURE: SIGNATURE WE TYPED OR PRINTED MAKE OF BICHOND OFFICER OR DEFECTION Date Of Dispose Proper Day										