

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000003290

1. Entity Name
LOVETT GOLF COMPANY



Principal Place of Business
2940 S HORSESHOE DR
STE 800
NAPLES, FL 34104 US

Mailing Address
2940 S HORSESHOE DR
STE 800
NAPLES, FL 34104 US



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0640090

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ATHAN, G H ESQ
5551 RIDGEWOOD DR
STE 501
NAPLES, FL 34108

**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, 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	CD
NAME	LOVETT, WILLIAM E
STREET ADDRESS	1121 SHADY REST LN
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VCD
NAME	ABDULLAH, DATO M S
STREET ADDRESS	GRECIAN GRP LT, BVL, 1 SHOUTON WAY
CITY-ST-ZIP	ROBINA HOUSE, SINGAPORE.
TITLE	PD
NAME	MILLER, JEFFREY A
STREET ADDRESS	681 KATENORE LN
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	SVP
NAME	STEWART, JIMMY C
STREET ADDRESS	2520 TALON CT #204
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.5.05

Daytime Phone #

239.403.4400