


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

|   |                                    |                                 |  |  |                              |
|---|------------------------------------|---------------------------------|--|--|------------------------------|
| <b>DOCUMENT # P96000003290</b>  |                                    |                                 |  |   |                              |
| 1. Entity Name<br>LOVETT GOLF COMPANY   |                                    |                                 |  |  |                              |
| Principal Place of Business<br>2940 S HORSESHOE DR<br>STE 800<br>NAPLES FL 34104<br>US  |                                    |                                 | Mailing Address<br>2940 S HORSESHOE DR<br>STE 800<br>NAPLES FL 34104<br>US |  |                              |
| 2. Principal Place of Business  |                                    |                                 | 3. Mailing Address   |  |                              |
| Suite, Apt. #, etc.   |                                    |                                 | Suite, Apt. #, etc.  |  |                              |
| City & State  |                                    |                                 | City & State   |  |                              |
| Zip   | Country                            | Zip                             | Country  | 4. FEI Number<br>65-0640090  |                              |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                    |                                 |  | Applied For<br>Not Applicable  |                              |
| 6. Name and Address of Current Registered Agent<br><br>ATHAN, G H ESQ<br>5551 RIDGEWOOD DR<br>STE 501<br>NAPLES FL 34108  |                                    |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>FL Zip Code |                              |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                    |                                 |  |  |                              |
| <div> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div> <b>9. Election Campaign Financing</b><br/> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May <input type="checkbox"/><br/> Added to Fees </div> </div> |                                    |                                 |  |  |                              |
| 10. OFFICERS AND DIRECTORS  |                                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |  |                              |
| TITLE   | CD                                 | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME  | LOVETT, WILLIAM E                  |                                 | NAME   |  |                              |
| STREET ADDRESS  | 1121 SHADY REST LN                 |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP   | NAPLES FL 34103                    |                                 | CITY-ST-ZIP  |  |                              |
| TITLE   | VCD                                | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME  | ABDULLAH, DATO M S                 |                                 | NAME   |  |                              |
| STREET ADDRESS  | GRECIAN GRP LT, BVL, 1 SHOJTON WAY |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP   | ROBINA HOUSE, SINGAPORE            |                                 | CITY-ST-ZIP  |  |                              |
| TITLE   | PD                                 | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME  | MILLER, JEFFREY A                  |                                 | NAME   |  |                              |
| STREET ADDRESS  | 681 KATENOORE LN                   |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP   | NAPLES FL 34103                    |                                 | CITY-ST-ZIP  |  |                              |
| TITLE   | SVP                                | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME  | STEWART, JIMMY C                   |                                 | NAME   |  |                              |
| STREET ADDRESS  | 2520 TALON CT #204                 |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP   | NAPLES FL 34105                    |                                 | CITY-ST-ZIP  |  |                              |
| TITLE   |                                    | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME  |                                    |                                 | NAME   |  |                              |
| STREET ADDRESS  |                                    |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP   |                                    |                                 | CITY-ST-ZIP  |  |                              |
| TITLE   |                                    | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME  |                                    |                                 | NAME   |  |                              |
| STREET ADDRESS  |                                    |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP   |                                    |                                 | CITY-ST-ZIP  |  |                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Jim Stewart* **Jim STEWART** **4.17.06** **239-403-4400**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #