2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 25, 2005 08:00 AM **Secretary of State**

DOCU	MENT	# PQ	ദവവവാ	36314

1. Entity Name

WGV ENTERPRISES, INC.

Principal Place of Business

Mailing Address

ONE WORLD GOLF PLACE ST AUGUSTINE, FL 32092 US

ONE WORLD GOLF PLACE ST AUGUSTINE, FL 32092

US



DO NOT WRITE IN THIS SPACE

01242005 No Cha-P

CR2E034 (10/03)

4. FEI Number 59-3399797 Applied For Not Applicable

5. Certificate of Status Desired

\$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

			Produced in the second	,			
8. The above the obligat	named entity submits this statement for the pulions of registered agent.	rpose of changing its rep	gistered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.			<u> -</u>		•		
	Signature, typed or printed name of registered agent and title if	applicable (NOTE. Fi	egistered Agent signsture	required when reinstalling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \$45.00 May Be Added to Fees			000000196262 01/26/05-80063-001 158.75		
10.	OFFICERS AND DIRECTORS						
TITLE	DP						
NAME	FINCHEM, TIMOTHY W						
STREET ADDRESS	RESS 112 PGA TOUR BLVD						
CITY - ST - ZIP	7-2P PONTE VEDRA BEACH, FL 32082						
TITLE	DV						
NAME	AWTREY, JIM L				•		
STREET ADDRESS	ADDRESS 100 AVENUE OF THE CHAMPIONS						
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410						
THE	DV						
HAME	VOTAW, TY		ł				
STREET ADDRESS	100 INTERNATIONAL GOLF DRIVE		i	200	MOTME		
CITY-ST-ZIP	DAYTONA BEACH, FL 32124			DO NOT WRITE			
TITLE	ST			INI "	THIC COACE		
NAME	ATTER, HELEN S			IN THIS SPACE			
STREET ADDRESS	REET ADDRESS ONE WORLD GOLF PLACE						
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092						

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 atjachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 940-4000