

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90206 033 ***150.00

DOCUMENT # P97000055045 1. Entity Name CRANE LAKES GOLF COURSE, INC.					
Principal Place of Business 125 N. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114			Mailing Address P.O. BOX 2140 DAYTONA BEACH, FL 32115		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3484064	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BECKS, BERRIEN H SR 125 N. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	VST BECKS, BERRIEN H SR. 125 N. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKS, BERRIAN H JR 125 N. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEBLY, JOHN SR 125 N. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: <i>Berrien H Becks Jr</i> 4-29-04 386 252 2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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