

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90292 047 ***158.00

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04072006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000059698 1. Entity Name HIDDEN CREEK GOLF COURSE, INC.					
Principal Place of Business 35353 EILAND BLVD. ZEPHYRHILLS, FL 33541			Mailing Address 35353 EILAND BLVD. ZEPHYRHILLS, FL 33541		
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 59-3523560	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURDGE, CHRISTOPHER 5206 LITTLEJOHN CT TAMPA, FL 33647			Name <u>Burdge Christopher</u> Street Address (P.O. Box Number is Not Acceptable) <u>6453 Benwick Circle</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33647</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and trust if applicable.</small>			(NOTE: Registered Agent signature required when reinstating) DATE <u>4/8/06</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BURDGE, CHRISTOPHER 35353 EILAND BLVD. ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/8/06</u> <u>813</u> Daytime Phone # <u>715-4653</u>		