

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90002 020 ***550.00

DOCUMENT # P99000065496

1. Entity Name
CLASSIC GOLF FLORIDA, INC.



Principal Place of Business
**2600 TURNBULL EST. DR
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**2600 TURNBULL EST. DR
NEW SMYRNA BEACH, FL 32168**

50066678



08012005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2438896

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEELEY, JAMES
2600 TURNBULL ESTATES DR
NEW SMYRNA BEACH, FL 32168**

**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

(Printed, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

9/7/05
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DEELEY, JAMES
125 DEERFIELD RUN
BOGART, GA 30622**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BROWN, CONWAY C
115 MANSFIELD CT
ATHENS, GA 30606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FRIZZELL, BENJAMIN M
1501 BLUFF CITY HWY
BRISTOL, TN 37620**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50066628
#P99000065496

386-427-8727
Due to family
emergency
this was not
mailed in time
to reach you
by 9/7/05 deadline

Please call bookkeeping
if there is any
problem processing this!