

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000068097

1. Entity Name
ANDERSON GOLF CONSTRUCTION INC.



Principal Place of Business
425 S.E. 16TH AVE.
OKEECHOBEE, FL 34974

Mailing Address
109 KNOTTY PINE DR
NORTH AUGUSTA, SC 29841

FILED
Jun 12, 2007 08:00 AM
Secretary of State



05062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0933976

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, GEORGE G JR.
425 S.E. 16TH AVE.
OKEECHOBEE, FL 34974

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANDERSON, WILLIAM C
STREET ADDRESS 109 KNOTTY PINE DR
CITY-ST-ZIP NORTH AUGUSTA, SC 29841

TITLE VSD
NAME ANDERSON, STEPHEN T
STREET ADDRESS 86 BOUNDARY LINE RD
CITY-ST-ZIP FREEPORT, FL 32439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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06/12/07-80003-019150.00

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IN THIS SPACE**

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: *William C Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C ANDERSON

Date

Daytime Phone #

803-2708081