2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90056 005 ***150.00

DOCUMENT # P99000069343

1. Entity Name
BILTMORE GOLF INC.

Principal Place of Business	Mailing Address
8 HIBISCUS RD BELLEAIR, FL 33756	8 HIBISCUS RD BELLEAIR, FL 33756

50032746

2. Principal Place of Business		3. Mailing Address	
		4284 FAWN MEADOW CIR	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State Clermont Fl	
Zip	Country	Zip 34711	Country

03252005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0936519
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIVINGSTON, PATRICK 8 HIBISCUS RD BELLEAIR, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) 4284 FAWN MEADOW CIR City Clermont FL Zip Code 34711

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
After May 1, 2005 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 10		
TITLE	CEO	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LIVINGSTON, PATRICK		NAME		
STREET ADDRESS	8 HIBISUCS RD.		STREET ADDRESS	4284 FAWN MEADOW CIR	
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP	Clermont Fl 34711	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Patrick J Livingston March 28 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #