

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

07 FEB 20 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/23/07 90041 006 \$150.00



01162007 No Chg-P CR2E034 (11/05)

DOCUMENT # P99000091143

1. Entity Name
GARY HOLMES GOLF COMPANY, INC.



Principal Place of Business
**1900 COUNTRY CLUB BLVD.
MOUNT DORA, FL 32757**

Mailing Address
**1900 COUNTRY CLUB BLVD.
MOUNT DORA, FL 32757**

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3602234

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLMES, GARY
475 OSPREY
PONTE VEDRA BEACH, FL 32082**

**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 retesting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
**PSD
HOLMES, GARY
1900 COUNTRY CLUB BLVD.
MOUNT DORA, FL 32757**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
DELLO RUSSO, ROBERT G
109 COMMERCE STREET, SUITE 1101
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07 402-862-1422

Date

Daytime Phone #

Document corrected per Debbie Armijo. DSC