

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90227 002 \*\*\*150.00

**DOCUMENT # V60841**

1. Entity Name

SUN COAST GOLF COURSE MANAGEMENT, INC.



Principal Place of Business

~~10785 ULMERTON ROAD~~  
~~LARGO FL 33778~~  
US

Mailing Address

~~10785 ULMERTON ROAD~~  
~~LARGO FL 34648~~



2. Principal Place of Business

604 Druid Road East

Suite, Apt. #, etc.

3. Mailing Address

604 Druid Road East

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Clearwater, Fl.

City & State

Clearwater, Fl

4. FEI Number

59-3140077

Applied For

Not Applicable

Zip

33767

Country

Zip

33767

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONASSEN, WILLIAM S.  
10785 ULMERTON ROAD  
LARGO FL 33778

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

604 Druid Road East

City

Clearwater

FL

Zip Code  
33767

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete  
NAME CREEL, PATRICIA A.  
STREET ADDRESS 10785 ULMERTON RD.  
CITY-ST-ZIP LARGO FL

TITLE DP ☐ Delete  
NAME CREEL, CHARLES E.SR.  
STREET ADDRESS 10785 ULMERTON RD.  
CITY-ST-ZIP LARGO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 604 Druid Road E.  
CITY-ST-ZIP Clearwater, Fl. 33767

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS SAME AS ABOVE  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Patricia A. Creel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05  
Date

Daytime Phone #