


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000001944

1. Entity Name
CHIP SHOP GOLF COURSE CORPORATION



Principal Place of Business
**PICTURE & ACCESSARY OUTLET
 2340 TAMIAMI TRAIL
 PORT CHARLOTTE FL 33952**

Mailing Address
**2340 TAMIAMI TRAIL
 PORT CHARLOTTE FL 33952**



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **42-1357143**
 Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

**FLOWERS, CAROL
 2340 TAMIAMI TRAIL
 PORT CHARLOTTE FL 33952**

Name
 Street Address (P O Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	FLOWERS, CAROL D	
STREET ADDRESS	2340 TAMIAMI TRAIL	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLOWERS, E E	
STREET ADDRESS	2340 TAMIAMI TRAIL	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	
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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: Carol Flowers **Carol Flowers** Feb 7, 04 941-627-9322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #