

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90830 035 ***150.00

DOCUMENT # G98049 1. Entity Name ROLAND STAFFORD GOLF SCHOOL, INC.					
Principal Place of Business 201 OCEAN KEY WAY JUPITER, FL 33477 US			Mailing Address 37895 STAE HWY 28 MARGARETVILLE, NY 12455		
2. Principal Place of Business - No P.O. Box # 128 Wentworth Court		3. Mailing Address 37895 State Hwy 28			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jupiter FL		City & State Margaretville NY		4. FEI Number 59-2404054	
Zip 33458		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 12455		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STAFFORD, SUSAN P 201 OCEAN KEY WAY JUPITER, FL 33477			7. Name and Address of New Registered Agent Name Stafford, Susan P Street Address (P.O. Box Number is Not Acceptable) 128 Wentworth Court City Jupiter FL Zip Code 33458		
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: Susan Stafford 04/26/07 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-stating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSP STAFFORD, SUSAN P 201 OCEAN KEY WAY JUPITER, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSP Stafford, Susan P 128 Wentworth Court Jupiter FL 33458	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 other like empowered.					
SIGNATURE: Susan Stafford 04/26/07 561 512 3277 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #</small>					

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