2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J38993

1. Entity Name
GOLF CONCEPTS, INC.

Principal Place of Business	Mailing Address
2323 HIGHWAY 127	2323 HIGHWAY 127
PERRY, GA 31069 US	PERRY, GA 31069 US

DO NOT WRITE IN THIS SPACE

01262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
58-1709333	Not Applicable

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

6. Name and Address of Current Registered Agent

MURMAN, CHRISTOPHER
12749 W HILLSBOROUGH AVENUE
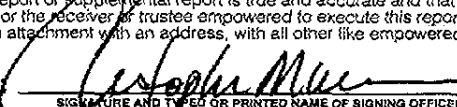TAMPA, FL 33601

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000087379 03/15/04-80009-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MURMAN, CHRISTOPHER
STREET ADDRESS	2323 HIGHWAY 127
CITY-ST-ZIP	PERRY, GA 31069

TITLE	D
NAME	BRASWELL, ALLEN S., SR.
STREET ADDRESS	87 WILLOW ROAD, UNIT B-9
CITY-ST-ZIP	WAYNESVILLE, NC 28786

TITLE	D
NAME	BRASWELL, ALLEN S JR
STREET ADDRESS	11 WEST RANCH RD
CITY-ST-ZIP	MORRISON, CO 80465

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Christopher Murman_   _President_   3-10-04   (478) 218-5253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #