


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002071
 1. Entity Name
 GULF COAST JUNIOR GOLF TOUR, INC.



Principal Place of Business 6809 WELLINGTON DRIVE NAPLES, FL 34109 US	Mailing Address 6809 WELLINGTON DRIVE NAPLES, FL 34109 US
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03172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0477835	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STETLER, RONALD L
 5551 RIDGELAND DRIVE
 NAPLES, FL 34108

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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	D STETLER, JOAN T. 7342 STONEGATE DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLAND, CINDY 6809 WELLINGTON DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIMER, JEFF/HIBISCUS 175 DORAL CIRCLE NAPLES, FL
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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 03/21/05-80062-021 70.00

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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)(f), 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 617, 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: Cindy Darland CINDY DARLAND 3-19-05 (359) 597-6858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #