


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90982 020 ***150.00

DOCUMENT # P03000133513					
1. Entity Name NORTH FLORIDA GOLF BALL COMPANY, INC.					
Principal Place of Business 1660 PRUDENTIAL DR., STE. 203 JACKSONVILLE, FL 32207			Mailing Address 1660 PRUDENTIAL DR., STE. 203 JACKSONVILLE, FL 32207		
2. Principal Place of Business 815 BEACH BLVD. # 4		3. Mailing Address 815 BEACH BLVD. # 4			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE BEACH, FL		City & State JACKSONVILLE BEACH, FL		4. FEI Number 20-0417983	
Zip 32250	Country DUVAL	Zip 32250	Country DUVAL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, FREDERICK R 1660 PRUDENTIAL DR., STE. 203 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name JUNG M. LEE Street Address (P.O. Box Number is Not Acceptable) 815 BEACH BLVD. # 4 City JACKSONVILLE BEACH FL Zip Code 32250		
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 <i>Jung M. Lee</i>		JUNG M. LEE		4-21-04	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when reconstituting)		DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$330.00		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE, YU M	NAME			
STREET ADDRESS	815 BEACH BLVD., STE. 4	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE, JUNG M	NAME			
STREET ADDRESS	815 BEACH BLVD., STE. 4	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Jung M. Lee</i>		JUNG M. LEE		4-21-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	