

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# P08000073407

Entity Name: GOLF CRUISERS OF FLORIDA, USA, INC

Current Principal Place of Business:

4029 WEST ALAMO DRIVE
PINE RIDGE, FL 34465

New Principal Place of Business:

4029 WEST ALAMO DRIVE
PINE RIDGE, FL 34465 US

Current Mailing Address:

4029 WEST ALAMO DRIVE
PINE RIDGE, FL 34465

New Mailing Address:

4029 WEST ALAMO DRIVE
PINE RIDGE, FL 34465 US

FEI Number: 26-3116994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OESTERLE, MICHAEL E
407 N.E. 1ST STREET
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BODDEN, JEFFREY
Address: 4029 WEST ALAMO DRIVE
City-St-Zip: PINE RIDGE, FL 34465

Title: T () Delete
Name: RIGGS, PATRICIA F
Address: 7100 NORTH CAESAR PT
City-St-Zip: DUNNELLON, FL 34433

Title: VP () Delete
Name: BODDEN, DANIEL P
Address: 7100 NORTH CAESAR PT
City-St-Zip: DUNNELLON, FL 34433

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BODDEN, JEFFREY
Address: 4029 WEST ALAMO DRIVE
City-St-Zip: PINE RIDGE, FL 34465 US

Title: T (X) Change () Addition
Name: RIGGS, PATRICIA F
Address: 7100 NORTH CAESAR PT
City-St-Zip: DUNNELLON, FL 34433 US

Title: VP (X) Change () Addition
Name: BODDEN, DANIEL P
Address: 7100 NORTH CAESAR PT
City-St-Zip: DUNNELLON, FL 34433 US

Title: S () Change (X) Addition
Name: RIGGS, PATRICIA F
Address: 7100 N CAESAR PT
City-St-Zip: DUNNELLON, FL 34433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY BODDEN

P

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date