

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 411541

1. Entity Name
GOLF HOSTS, INC.



Principal Place of Business

36750 U.S. HWY. 19 N.
PALM HARBOR, FL 34684

Mailing Address

PO BOX 1088
TARPON SPRINGS, FL 34688-1088 US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -1 PM 12:50

DO NOT WRITE IN THIS SPACE



706302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1426287

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 \$550.00
Due by September 8, 2004**

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	DPCE KLEEMAN, MERRICK R 591 WEST PUTMAN AVE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EPCT SILVEY, JEROME C 591 WEST PUTNAM AVE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD GELMER, ROBERT 320 INTERSTATE NORTH PARKWAY, SUITE 220 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

700039016787
07/12/04--01047--010 **\$550.00

700039016787
07/12/04--01047--011 **\$8.75

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IN THIS SPACE

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Silvey

6/30/04

Date

203-422-7700

Daytime Phone #