

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 SEP 30 PM 2:51

DOCUMENT # 461035

1. Entity Name
GOLF HOST SECURITIES, INC.



Principal Place of Business
36750 U.S. HWY. 19 N.
PALM HARBOR, FL 34684

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



09282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1566781

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

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BENGIVENGO, DOMINIC
36750 US HWY 19 NORTH
PALM HARBOR, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
KLEEMAN, MERRICK R
591 WEST PUTMAN AVE
GREENWICH, CT 06830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
GEIMER, ROBERT P
320 INTERSTATE N. 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

800041572048
10/04/04--01043-019 **150.00

**DO NOT WRITE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominic A. Bengivengo President

9/29/04 727-942-5210
Date Daytime Phone #