


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State


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**

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

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

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKETT AVE., STE 3000
 MIAMI, FL 33131**

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000657045
 03/14/07-80050-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WLT, RICHARD K 36750 US HWY 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BLAIR, W. BRADLEY II 14 ADGERS WHARF CHARLSTON, SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOBILE, DEBRA J 36750 US HWY 19 NORTH PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLIFFORD, TRACY 14 ADGERS WHARF CHARLSTON, SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *R. Keith Wier* 2/9/07 727-939-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #