


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90134 018 \*\*\*150.00

<b>DOCUMENT # 580855</b> 1. Entity Name GOLFPAC, INC.	
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Principal Place of Business 483 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714	Mailing Address PO BOX 162366 ALTAMONTE SPRINGS, FL 32716-2366
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03132006 No Chg-P CR2E034 (11/05)

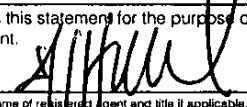
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1835180	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HAMILTON, JEFFERY 483 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714
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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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>4/3/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAMILTON, JEFFERY JAMES P 483 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714
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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.	
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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