

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 650761

FILED
Feb 26, 2009
Secretary of State

Entity Name: FOR THE LOVE OF GOLF, INC.

Current Principal Place of Business:

9765 N TAMiami TRL
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

9765 N TAMiami TRAIL
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-2097161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PODOLSKI, FLORINE
9765 N TAMiami TRL
NAPLES, FL 34108 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: D () Delete
Name: PODOLSKI, FLORINE
Address: 9765 N TAMiami TRL
City-St-Zip: NAPLES, FL 34108

Title: S () Delete
Name: LOGAN, MICHAEL
Address: 633 POMPANO DRIVE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: PODOLSKI, CHRISTA
Address: 9765 TAMiami TRL APT. 2
City-St-Zip: NAPLES, FL 34108

Title: P () Delete
Name: LOGAN, LORI
Address: 633 POMPANO DRIVE
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: LOGAN, ROBERT
Address: 633 POMPANO DRIVE
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: LOGAN, JESSE
Address: 633 POMPANO DRIVE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PODOLSKI, CHRISTA
Address: 9765 TAMiami TRL APT. 2
City-St-Zip: NAPLES, FL 34108

Title: VP (X) Change () Addition
Name: LOGAN, LORI
Address: 633 POMPANO DRIVE
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change () Addition
Name: PODOLSKI, MICHAEL
Address: 9765 TAMiami TRAIL, N.
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FLORINE PODOLSKI

D

02/26/2009

Electronic Signature of Signing Officer or Director

Date