2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 23, 2004 08:00 AM Secretary of State

DOCUMENT # 818070 1. Entity Name GOLF PLAYERS, INC.		
Principal Place of Business 5954 BRAINERD ROAD CHATTANOOGA, TN 37421	Mailing Address 5954 BRAINERD ROAD CHATTANOOGA, TN 37421	



DO NOT WRITE IN THIS SPACE | 06082004 | No Chg-P | CR2E034 (10/03)

4. FEI Number Applied For | Not Applied For | Not Applicable |
5. Certificate of Status Desired | \$8.75 Additional | Fee Required | Fee Required | Status Desired | Status Desir

6. Name and Address of Current Registered Agent

O'DELL, ELIZABETH MAGRATH 708 S OCEAN DR FT PIERCE, FL 34949-3211

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 Rorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or primed name at registered agent and take if explicable. (NOTE: Registered Agent signature required when rematating) DATE							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Finance Trust Fund Contribution.		a 🗆	\$5.00 May Be Added to Fees				
10.	QFFICERS AND DIREC	OTORS					
TITLE NAME STREET ADDRESS CITY-ST-EP	P GRANT, JAY M 5954 BRAINERD RD. CHATTANOOGA, TN 37421				U00000162804 06/23/04-80001-010 550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGRATH, E K III 5954 BRAINERD RD. CHATTANOOGA, TN						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DELL, ELIZABETH M 708 S. OCEAN DR. FT PIERCE, FL 34949			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITE-ST-ZIP	4			IN ⁻	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			• -				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information is filled to a little and stated as the control of th							

¹²² I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that he information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of 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.