

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004073

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: GOLF ACCOUNTING SOLUTIONS INC.

## Current Principal Place of Business:

2995 REMINGTON BLVD  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

2995 REMINGTON BLVD  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 01-0665656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: STINE, WILLIAM  
Address: 2758 KIMBERLEE LANE  
City-St-Zip: KISSIMMEE, FL 34744

Title: VCVP ( ) Delete  
Name: FARROW, MARK  
Address: 3958 CORVETA CT.  
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete  
Name: FARROW, MARK  
Address: 3958 CORVETA CT.  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL STINE

CP

07/02/2004

Electronic Signature of Signing Officer or Director

Date