

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90063 023 \*\*\*150.00

DOCUMENT # F03000004646

1. Entity Name  
THE TOP-FLITE GOLF COMPANY



Principal Place of Business  
2180 RUTHERFORD ROAD  
CARLSBAD, CA 92008

Mailing Address  
2180 RUTHERFORD ROAD  
CARLSBAD, CA 92008

2. Principal Place of Business  
425 MEADOW STREET

3. Mailing Address  
P.O. BOX 901



01162004 Chg-P CR2E034 (10/03)

City & State  
CHICOPEE, MA

City & State  
CHICOPEE, MA

4. FEI Number  
36-4538582

Applied For  
Not Applicable

Zip Country  
01013 USA

Zip Country  
01021-0901 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE CD  
NAME DRAPEAU, RONALD A ☐ Delete  
STREET ADDRESS 2180 RUTHERFORD ROAD  
CITY-ST-ZIP CARLSBAD, CA 92008

TITLE PD  
NAME PENICKA, ROBERT A ☐ Delete  
STREET ADDRESS 2180 RUTHERFORD ROAD  
CITY-ST-ZIP CARLSBAD, CA 92008

TITLE SD  
NAME MCCracken, STEVEN C ☐ Delete  
STREET ADDRESS 2180 RUTHERFORD ROAD  
CITY-ST-ZIP CARLSBAD, CA 92008

TITLE TD  
NAME HOLIDAY, BRADLEY J ☐ Delete  
STREET ADDRESS 2180 RUTHERFORD ROAD  
CITY-ST-ZIP CARLSBAD, CA 92008

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME PENICKA, ROBERT A ☒ Change ☐ Addition  
STREET ADDRESS 425 MEADOW STREET  
CITY-ST-ZIP CHICOPEE, MA 01013

TITLE ASSISTANT SECRETARY  
NAME ARTURI, PETER A ☐ Change ☒ Addition  
STREET ADDRESS 425 MEADOW STREET  
CITY-ST-ZIP CHICOPEE, MA 01013

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. ARTURI, ASSISTANT SECRETARY 1-16-04

Date

Daytime Phone #

(413) 322-6376